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FEDERAL, STATE, AND LOCAL SOLUTIONS TO DRUG ABUSE AND DRUG-RELATED CRIME: EDUCATION AND PREVENTION PROGRAMS FOR CHILDREN AND YOUTH

HEARING

BEFORE THE

SUBCOMMITTEE ON GENERAL SERVICES, FEDERALISM, AND THE DISTRICT OF COLUMBIA

OF THE

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UNITED STATES SENATE

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FEDERAL, STATE, AND LOCAL SOLUTIONS TO DRUG ABUSE AND DRUG-RELATED CRIME: EDUCATION AND PREVENTION PROGRAMS FOR CHILDREN AND YOUTH

FRIDAY, SEPTEMBER 1, 1989

U.S. SENATE, SUBCOMMITTEE ON GENERAL SERVICES, FEDERALISM, AND THE DISTRICT OF COLUMBIA, COMMITTEE ON GOVERNMENTAL AFFAIRS,
Albuquerque, NM.

The Subcommittee met, pursuant to notice, at 9:30 a.m., in the Rio Grande High School Auditorium, Albuquerque, New Mexico, Hon. Jeff Bingaman presiding.

Present: Senator Bingaman and Congressman Schiff.

OPENING STATEMENT OF SENATOR BINGAMAN

Senator BINGAMAN. Good morning and welcome to this hearing. This is being held under the auspices of the Senate Committee on Government Affairs and the Subcommittee on General Services, Federalism, and the District of Columbia.

I'd like to thank the Subcommittee chairman, Senator Jim Sasser of Tennessee, for sanctioning today's hearing. The hearing is part of a series of Subcommittee hearings being held across the Nation to discuss drug abuse education and prevention programs.

During the hearing we will discuss the very serious problems of drug abuse and drug related crimes, specifically among the youth of our Nation. We all know how serious the drug problem is. The people of New Mexico and of every other State in the Union know the devastation that it has caused.

In fact, in a recent Washington Post ABC News poll, 44 percent of those polled ranked drugs as the number one problem facing the Nation today, more serious than the budget deficit and relations with foreign nations and more serious than the AIDS epidemic.

Unfortunately, to date, the Federal Government has invested the majority of its resources in interdiction efforts trying to turn the tide on the drug problem through limiting the flow of drugs into our country, our communities, and our schools.

Virtually everyone is in agreement that our Nation's drug epidemic will not be eradicated however, or even lessened, unless and until the demand for drugs is controlled. And this end can only be achieved through education.

Effective and comprehensive strategies intended to change both behaviors and attitudes are essential if we are to reduce the mounting economic and societal costs associated with the drug epidemic. Those societal costs include the health and well-being of our children. It's imperative that we act quickly.

Currently the Federal Government spends $2.4 billion on drug abuse prevention programs. The State of New Mexico spends approximately $5.8 million. Yet drug abuse among adolescents has risen 10 to 30 times in our State since the early 1960s.

New Mexican youth are reporting the use of alcohol and drugs at alarmingly younger ages. Local studies have revealed that 42 percent of sixth graders surveyed report that they have used alcohol; 22 percent of high school youth report having used hallucinogens; and approximately 10 percent have used cocaine.

These statistics underscore the need for effective education and prevention efforts that target the key segments of our population. These programs need to begin early—when children are entering school—and they need to extend throughout the education process.

To be most effective, programs also need to extend into the community, into the home, and into the family. This is not a problem that is suffered by individuals; it is suffered by everyone; individuals, families, communities, employers, governments, and nations.

Today three panels of witnesses will address the drug epidemic from several perspectives, with a particular focus on drug abuse among New Mexico's children and youth.

The panelists will discuss the successes and failures of existing programs within their purview and provide recommendations regarding the creation of new programs and projects.

Specifically, today's witnesses will address seven key questions: First, what programs are already functioning in New Mexico and who do they serve? Second, what is their scope and how effective have they been in accomplishing their educational and prevention goals? Third, what's the role of the Federal Government in these programs and how have they been impacted by the Anti-Substance Abuse Acts of 1986 and 1988, which called for a greater Federal role in education, prevention, and treatment? Fourth, what assistance are these programs receiving from the Federal Government and are the priorities of the government appropriate? Fifth, should greater emphasis or reform be directed to specific areas? Sixth, how can the lines of communication between all levels of government be improved? And seventh, what other youth-oriented programs are available in our State which provide positive alternatives to our children, such as those offered by the Boys and Girls Clubs?

The questions are many and the answers are often complex. But the problem is serious and it's present throughout our community. We as a community must work together to find solutions and create lasting change. We must do it for this generation and for all those that follow.

We have a distinguished panel of witnesses today. We also have a skit which I will introduce in just a moment. But before I do, I'm very pleased to welcome Congressman Schiff to today's hearing.

His concern about the problem of drug abuse among our youth and his insight into the solutions to this problem will be a great benefit to us as we proceed through the hearing today. Congressman Schiff, we're glad you're here.

OPENING STATEMENT OF CONGRESSMAN SCHIFF

Congressman SCHIFF. Thank you, Senator. I apologize for being late. I'm glad I was seated by the time you got to that point in your opening statement in introducing me.

I just want to say very briefly, I want to thank you for holding this hearing. It compliments hearings the House side has been holding around the country that I personally participated in. I want to thank you for your courtesy in inviting me to join you today at a Senate-sponsored hearing, as you've done before. I very much appreciate that courtesy.

And I want to thank the panelists in advance, beginning with the first panel and onto other panelists. I know most of the panelists. You have selected a certainly distinguished group of leaders in the State of New Mexico, administrative officials, legislative officials on a bipartisan basis. And I compliment you on that selection too. I just want to say I'm glad to be here to participate.

Senator BINGAMAN. All right. Thank you. Let me make a couple more announcements here before we proceed to the skit. For the record, all of the other members of the New Mexico delegation were invited to attend todays hearing, but were unable to be with us.

I want to thank Bill Zamora who is the principal of Rio Grande High School for allowing us to hold the hearing at this school today. Obviously this is a bit of an imposition now that the school year has started and we appreciate very much the courtesy.

Ernesto Swauso who is the director of Buena Vista, a community based organization in Bernalillo that maintains a drug abuse prevention component, could not be with us today.

The hearing record will remain open for the submission of additional comments for the next 2 weeks until September 15. Anyone who would like to make a written statement, can do so by sending it either to my Albuquerque or Washington offices.

At this point I'm very pleased that we can begin the hearing with a skit by Teatro Consejo Youth and Development, Inc., which is an innovative community-based organization with an active role in substance abuse education and prevention efforts.

Let me read off the list of folks who are participating in this. The sponsors are Lola Rubledo and Jose Garcia. And the participants in this skit are Jeremy Gonzales, Juan Padilla, Pardis Parsa, Lori Noblitt, Monica Lovato, and Michelle Mora.

Mr. ARAGON. I was just wondering, are they going to be facing that way and we're going to be watching it or are we supposed to go around or what?

Senator BINGAMAN. It's going to be playing in that direction, so those of us up here should go down and sit in the audience to watch.

[Four skits were played by Teatro Consejo Youth and Development, Inc.]

Senator BINGAMAN. We'll go on with the testimony. Let me say it's a real shame that we can't find a way to reproduce those skits as part of our records so people in Washington could see some of those situations portrayed in that kind of graphic and dramatic way. I do want to thank the Teatro very much, all the students who participated and their sponsors. It was excellent.

Let me just start by indicating we're very honored to have three of our State representatives with us, two senators and one representative, the leaders of the House and Senate, State Senator Manny Aragon, who is the President Pro-Tem; State Representative Raymond Sanchez, who is the Speaker of the House; and State Senator Shannon Robinson, who is also here to give us a brief update on the actions that the legislature has taken in dealing with the drug abuse problem. They are going to go first. And then we'll turn to the Executive Branch of State government to hear their description of the situation.

But let me start with State Senator Manny Aragon who is the President Pro-Tem and call on him and Senator Robinson for any comments they want to make. And then I'll call on our Speaker of the House, Raymond Sanchez.

TESTIMONY OF MANNY ARAGON, NEW MEXICO STATE SENATOR, PRESIDENT PRO TEM, SANTA FE, NM

Mr. ARAGON. Thank you very much, Senator Bingaman, Congressman Schiff. I haven't heard Steve, Senator, be so thankful since we first met in the district attorney's office back when and I had to show him the ropes. In fact, I had to show him again today where the bathroom was. And he was again equally thankful, but———

Congressman SCHIFF. Could I just add for the———

Mr. ARAGON. Congressman Schiff and I worked together in the district attorney's office.

Congressman SCHIFF. Could I just add, Senator, very briefly, that you were the attorney general formerly and I as district attorney had to sit in front of the State legislature many times. It's a pleasure to have the tables turned for a change.

Mr. ARAGON. First of all, I want to thank you very much, Senator and Congressman, for taking an interest in this. And I want to welcome you here to participate in discussing the drug problem that we have not only here in New Mexico, but throughout the country. And I want to especially thank you for bringing this committee here to the South Valley of Albuquerque and Rio Grande High School auditorium.

And before we go any further, I'd like to remind you that the Rio Grande High School Raiders will be playing their first game tonight against Cibola and I wish them well. Athletics play an important role in trying to address the problems that we have here in the South Valley of Albuquerque. It's a very important component of any fight regarding the prevention of drugs and it has been a great success.

Let me first state, Senator, that the activity that we just witnessed here, all of us, this is the first time that I'd ever seen it. It doesn't surprise me that having seen the programs that Youth Development has put together in the past, that's one program that the State of New Mexico, of course, is supporting with the help of Federal funds and State funds in our community program.

Youth development has reached out and tried to bring about almost any imaginable sequence or event and tried to make a difference with certain people, with the type of programs that we continue to support. I have also, in the past, been able to view their rap group. They have a rap group that performs to address other people. They have this theater-type program in trying to address and get the people to better understand the problems.

So those programs have been—and Youth Development, I think, has been nationally recognized and has done well. But as you well know, we probably don't do enough in order to have enough programs of that sort. And most of them fail after a while because they are not funded and they are not strengthening the way they should be.

I'd like to state that the State of New Mexico is financially as strained as the Federal Government is and probably worse, I guess, because of the funding situation that we have. We do have a new secretary that we've had for 3 years now. The last 2½ years have played an important role in trying to address some of these problems.

I think, Senator, when you were attorney general following the 1980 riot, some real serious things happened in that we haven't really had a chance to go back and review and analyze. But I remember subsequent to the riot all the monies that went into your office. I think your attorney general investigated what was going on in the penal system.

As a result of that situation, the funding and the monies of the State of were used and were kind of devoured by the need for expanding our correctional system and building a new penitentiary and, of course, providing the personnel to man them.

That, coupled with the bill that was passed by the legislature in 1980 that was subsequently referred to as "Big Mac," basically eroded the savings account. We can say that the money that we had to try to address things in New Mexico basically were done away with. And I think you well recall those days. And we've never really gotten out of it; ever since we've had in very prior needs for additional money.

I would just like to state that for the Senator of the House and Speaker Sanchez and Senator Robinson, also Speaker Kemble and everyone else here, that we are very concerned, that we all feel the same frustrations that you all must feel in Washington of just what is it? What is it, what will it take, what will be the spark that will make the difference and turn this particular problem around?

And it doesn't seem like we've been able to hit on any one solution. It appears it takes multiple facets of attack in trying to address it, including strengthening enforcement efforts and probably placing more emphasis on education and prevention than we have been able to afford.

But I would just like to state that there is no doubt in my mind that the pole that you made reference to in your opening remarks, Senator Bingaman, is true. It's probably low. There's probably more concern than just 44 percent nationwide. It's probably higher than that. But there is no question that there is a problem and a serious concern. And that coupled with the fact of what's going on in modern day Colombia, I think it's coming to the forefront again.

I would just like to state that we need to support community based programs, programs that know the people that they're dealing with, programs that have varied experiences at all levels, including discussing things like AIDS and cocaine and crack and marijuana and everything, all the other issues that seem to be combined in this particular dilemma that we're in.

We would hope that we could get some additional support from the Federal level. I know that Secretary Kemble might have addressed that when we were asking for some money from the senate program. I think we're all kind of keeping our breath on that. I don't know what is happening. I know that there are substantial sums of money.

I hope that there is some State involvement and that it is not a federally run program strictly, that we are given our own rights to determine where the money should go in rather than having Mr. Bennett or some administrator in Washington decide whether New Mexico gets any on that particular issue.

It was disappointing to learn that he has refused to recognize that New Mexico's border is a problem. I think that that's probably the first big mistake for New Mexico, maybe it's not on a Federal level, but in it probably is.

I would hope that our efforts would be more in tune to stopping the flow of drugs rather than the emphasis that we have on immigration and naturalization. I think the drug war has a much greater impact on this State.

And then lastly, from a personal standpoint, leaving government aside, I would hope that at some point as elected officials and as public servants that at some point we are able to convince those that have access to the media to try and portray certain things more positively than we do. I don't think that this group that we just saw perform now has received any credit or any exposure outside of the realm in which they deal.

I would hope that we would try to emphasize the positiveness of some of the things that some of the younger generation are doing in trying to address their problems that they're going to have to deal with in the long run.

And I would hope that attitude would be more positive, that it recognize the changes that we're going through, that we shouldn't be just concerned about prevention and crime and punishment, but that we should make a commitment to education and opportunity which is so sorely needed.

I would just like to say that I was born and raised in this area, probably within about a mile across the river. And there has been some change, but not very notable change over the many, many years.

The State of New Mexico has invested many dollars for needed construction and things of that sort, but it's still kind of sad to see some of the schools going down in their physical appearance as compared to some other schools throughout the State. We have a sense of pride that we have to improve our schools and our local here.

We still have about 30,000 residents in this area that have no water and sewer available. I'm 43 years old now. It's been 43 years and it still hasn't happened. It might happen with someone else, but until we address all those issues I think it's going to be very difficult and we have to rely on the quality of the programs that we have supported.

And I'm very proud of the Youth Development and other programs that we have throughout the State that has done well. I just hope that together we can find some answers and at this particular part of the State, Albuquerque probably has one of the most severe problems in drug addiction and it needs a lot of help.

I would hope that together we could work with Mr. Bennett and Secretary Kemble and the representatives of our delegation to try to do something positive in the future.

Thank you very much for inviting me.

Senator BINGAMAN. Thank you very much.

Let me call on Speaker Sanchez now to give an update as to his view of what the legislature is doing or has done, and then I'll call on Senator Shannon Robinson.

TESTIMONY OF RAYMOND SANCHEZ, SPEAKER, NEW MEXICO HOUSE OF REPRESENTATIVES, SANTA FE, NM

Mr. SANCHEZ. Thank you, Senator for asking for my attendance at this important forum. On this point, we have people here who are happy about what you're doing and thanking you in a gracious way, Senator, for asking Congressman Schiff to be here. I want to thank you, Congressman Schiff, for being here in the South Valley. It's important that the people in this part of the State see the bipartisan nature with which we are trying to expedite a solution to this problem.

The program that we saw a minute ago brought a word to mind that I think permeates this entire problem we're looking at. The term is, "addiction." What we saw here were three types, basically, of addiction; sexual addiction, we saw substance abuse addiction, and we saw a lot of what is termed in this day and age as co-dependency type of addiction where people stand by and facilitate that type of activity by saying it's not there and I can solve the problem for them.

I think it's really important that when we analyze the problem of substance abuse we start at the basis. I think it's time that political figures in this country start recognizing something and quit waving banners about immorality of drugs and trying to impress people who believe that use of drugs is a moral issue and all you have to do is pray and it will stop.

We've got to recognize that the solution to our problem is accepting the medically proven fact that it's a disease. The people who are addicts are not the disease, but they have a disease. Start from that basic premise and we've got to ask ourselves who and why they are using drugs, how it permeates our country, and how do we stop them.

We've tried in the legislature of New Mexico, programs that address a different avenue than what has been addressed historically. We're trying to address the problem from the viewpoint of intervention, treatment, rehabilitation, and recovery. We're trying to set it up in a system and a form where children and adults both can get that.

And we'd like Federal help because, as Senator Aragon has just pointed out, "Big Mac" back in 1981 decimated our coffers.

To address this challenge we must review the entire spectrum from one end to the other, from education all the way to incineration. And where do you find that middle ground where you start helping?

Well, I think what you've got to do is something like the University of New Mexico Continuing Education Program. I've been able, the past 2 years to insert $200,000 into their budget for the purpose of educating people about drugs.

Basically the idea is to get people who are involved with substance abuse educated as to what the problem really is. I'd like to see that expanded on a level much grander than locally. Start educating judges, prosecutors, law enforcement officials and counselors, individuals involved with human beings who have substance abuse problems.

They've got to become educated and recognize why people use, which people ought to be prosecuted, and which people ought to be in treatment, who are asking for help and who are seeking recovery. There's a great big difference.

If we continue to emphasize incarceration and punishment, we're missing the boat. There are so many people out there who need help. They're not criminals, but because of the law and lack of knowledge, it's a criminal activity.

The fact of the matter is we've got to spend more money on finding ways to recognize the problem and solve it. It's a question of demand. Some "experts" say you're going to cut demand by getting users and sending them to jail.

Again, that's part of the problem, but a lot of people are users because they have the disease of addiction. They are unable to cure themselves by saying no. They can't. It's recognition, treatment and recovery.

I urge Congress and Bennett to start looking at it and start dealing with the Secretary of Education in a manner that we start formulating a nationwide program and a policy that will treat the disease and finally, then, you're going to cut down on a whole lot of the demand. People will recognize what they're doing and how they can cure themselves.

You've got several programs. In New Mexico alone there are over 100 programs that offer some sort of help to people who are abusing substances in one form or another. There are approximately 10 treatment centers in New Mexico.

The prices to attend those treatment centers range anywhere from $9,000 to $30,000, $38,000. There are very few families who can afford to send a husband, a wife, a daughter, a child, or brother or sister to one of these rehabilitation programs. It's extremely expensive to get into those programs.

Many of them have some sort of Federal subsidy and/or public money from State or local governments to help subsidize those programs. But the vast majority of people don't attend them.

They don't attend them for two reasons. One is they're afraid of being identified. They're afraid of disclosing the fact that they have used drugs and that they are addicted and that they need help.

And they're afraid of that because Federal, State, and local prosecutors are very interested in bumping people to make headlines.

And that's important; I understand that. Many of them are elected, many of them need to make points with the administration so they may become Federal judges some day. That's part of the game that's played a role in creating the problems.

But more important is the fact that they ought to recognize that some people are willing to go into treatment if they can get help and it's anonymous. That's very important in this day and age.

The second thing, of course, is the cost of the program. They can't afford it. You know from your committee hearings on health what the cost of health insurance is in this country today, how many people are indigent in terms of health care and can't afford it. And many insurance policies don't provide that coverage for treatment. It ought to be mandatory that it be covered and a reasonable cost.

So you have solutions. I don't have any specific answers. I know that AA, CA, NA and those other programs that are 12 steps are free programs. But those presuppose that people have been analyzed, have been found, have gone through treatment and are willing to accept the recovery. Those are the lucky ones you get out of treatment centers.

But getting into a treatment center is important. I think we need to spend more money in that area. I really believe that funding of programs should require people involved with individuals who are substance abusers be given special training so that they can understand what this is all about.

Twenty years ago it was a simple problem; you point to somebody and say that person is a druggie, don't pay attention to them. Today we recognize that addiction affects all families directly or indirectly and we are a little more compassionate and humane in our approach. But we better start looking at ways to solve the problem within our family, within our education system, try to get these people off of drugs. That concludes my statement.

I want to thank you very much for allowing me to participate.

Senator Bingaman. Thank you very much for your statement. We appreciate it very much. Let me call now on Shannon Robinson, State Senator, for any comments that he would like to make.

TESTIMONY OF SHANNON ROBINSON, NEW MEXICO STATE SENATOR, SANTA FE, NM

Mr. Robinson. First, I'd like to thank you, Senator Bingaman, for allowing me to be here. I feel this is an urgent issue for my particular district. And I think your allowing us the opportunity to speak on this issue from our prospective is invaluable. Thank you.

And I thank Congressman Schiff. I know that he is very interested and certainly fought very hard from the prosecutorial level of concern in drug abuse in this county.

I would like to thank Vince Murphy and your Senate staff, Senator Bingaman, for organizing and facilitating this opportunity to testify for all of us.

First, I'd like to say that within my senate district, I have in my area the highest instance of child abuse and neglect reported in the entire State. Along with that is a very alarming rate of transient population throughout my particular district.

Of those children who enroll in Emerson and LeMesa Elementary Schools this week, 100 percent of them will be gone by the end of the school year. It creates for us an education challenge, a challenge of adequate contact with these families, a challenge of providing services that is extremely difficult.

First, I'd like to say that I want to thank Mela Salazar with NM Health and Environment Department for providing me with a lot of the statistics I looked at to prepare for today. But I think we need to realize that in many ways she is limited in her ability to keep track of the growing drug problem. These figures that the State has to deal with are 1986 figures. I don't need to underline for us that we cannot begin to understand the 1989 problem based upon 1986 results and surveys.

And this is especially clear to me when I look at the drug abuse surveys that we've done for elementary and high school children. What I find is no appearance of the drugs crack, cocaine, and crank, or methamphetamines because these are the fastest growing type of drug usages with our school children.

It's especially prevalent in my district where we busted up the largest crack dealership ring in the entire state. And this drug ring was operating in a residential area in my senate district.

I'd like to indicate that one of our biggest problems is that right now our fourth graders are having to make life decisions about drugs and they're clearly unprepared to make those decisions. I will start by commenting on the level of funding that we have placed into drug education in our school system.

The first thing you realize is that this drug education money is not always focused where it is needed most, nor is it administered in those high abuse areas I was speaking of. I would note my particular disappointment that we have used 30 percent of our Federal drug education monies for State school education of children about drug abuse—these monies have been used by the governor's office for their red ribbon campaign.

I would just like to indicate that this is not a time to do anything other than concentrate our funds with those professionals who have the greatest impact and contact with our school system. I think this is an opportunity that could lead to waste, the fact that we continue to allow these Federal funds to be diverted to programs that are less focused on educating children who need to learn and experience them the most, and are more focused on media ad campaigns.

The statistics indicate that the level of soft drug and alcohol contact and experimentation by New Mexico fourth graders is 7 percent. And then you start to realize that those levels double to 14 percent when you start talking about seventh graders, 28 percent for ninth graders, and once again they double again when you talk about our high school children, except in one area, and that's in the use of cocaine.

I think what you'll find those figures for cocaine use are now tripling in terms of experimentation from mid-school to a high school level. And I believe when we analyze the 1986 figures compared to the 1989 statistics you're going to find a worse problem.

But let me talk to you just briefly about our problems in the treatment of adolescents in New Mexico. Currently there are 52 beds for children's residential treatment purposes in the entire State. There are no public beds anywhere in the state to detoxify adolescents. Even the Hogares program, which has seven residential treatment beds had its State budget cut. I mean with the tremendous number of residential drug treatment beds required for adolescents in Bernalillo County State hardly any space is available. Even though I got an amendment within our budget this year to give $88,000 through Human Services for Hogares, Hogares was required with its budget cuts not to even meet the level of budget required to meet inflationary cost increases this last year.

I think we have to be careful to look at those facilities that are providing residential drug treatment to adolescents as the highest priority we have to contain this expanding substance abuse. UNM Mental Health has now moved from providing eight beds for adolescents to none this year because of budget cuts.

We need to realize that UNM Mental Health Center administers to 900 adolescents each year on an out-patient basis. If we have 900 adolescents that are receiving out-patient services in Bernalillo County alone how many children need residential care? There is a 4-week waiting period for an adolescent in Bernalillo County to get involved in out-patient treatment at the UNM Mental Health Center.

If we have that level of out-patient detoxification of substance abuse treatment that is required, how can we avoid understanding the fact that we have failed to deliver a responsible program for substance detoxification for adolescents.

There is also no secure treatment facility for providing for mentally ill juveniles in the entire State. Currently the secure treatment facility which has been built is occupied by the Corrections Department for training of prison guards. We're going to have wait until next year in April before we can move the guards out and properly run a facility secure enough to treat the mental health problems of violent juveniles in our system.

We lost a child just 2 months ago who hung himself in our juvenile facility here in Bernalillo County because of the lack of secure treatment for violent and mentally ill juveniles. Right now it's been estimated by Dr. Lynn Paskind of UNM Mental Health Center that at least three to four adolescent patients who are being treated on an out-patient basis would more properly be treated in a secure facility.

I would like to indicate that one of the reasons why our mental health block grants have steadily declined is that in 1981 the Federal Government was spending $691 million nationwide for mental health and substance abuse treatment.

Currently in fiscal year 1988 the Federal Government spent $487 million, a decline from $691 million. And in terms of real 1981 dollars, that's an actual decrease of 50 percent of spending by our Federal Government through the mental health block grants for substance abuse.

We have a strange phenomenon in New Mexico because we fund our alcohol treatment programs through the alcohol detoxification fund. Since the 1974 fiscal year when that particular fund brought in $6.6 million a year it has steadily declined so that in the 1978 fiscal year we only have available $6.2 million from the alcohol detoxification fund.

What this means is New Mexico is now experiencing less of alcohol consumption Statewide, which brings in a negative result of less money available for detoxification and alcohol treatment.

And I think it's very clear that New Mexico still has a very major problem in terms of alcohol and substance abuse. Our population's dependency has not been reduced even though our consumption of alcohol statewide has gone down.

Albuquerque closed the ATP detoxification center for alcohol treatment and over five years ago in 1985 they were handling 546 patients yearly who were being detoxified from alcohol abuse. That facility is no longer available. The State at that time was paying $69 for every $120 that ATP was spending to detoxify a particular patient on a daily basis.

This last year we finally terminated the Mental Health Center's availability of beds for detoxification of alcohol substance abuse. The problem we have in New Mexico is most substance abusers also have an alcohol problem. They are poly abusers.

There is no facility in the entire State except for Cottonwood which provides seven publicly financed beds for detoxification for adults with substance abuse problems at this time. The Cottonwood program requires a 6-week waiting period before a person can be admitted for substance detoxification. What that means is that we have created false hopes and a false appearance that alcohol or substance abuse is being dealt with in this State.

I know Beverly Jimmerson has indicated that our public policy in this administration is to rely on general hospitals to provide detoxification service. Unfortunately, only one half of our population is adequately insured for mental health services. It's indicated by Dr. Lynn Paskind that 80 percent of our people who are substance abusers do not have any insurance for medical care.

What this means is that for the indigent population in New Mexico, detoxification is not available. Turquoise Lodge at this time will not accept a patient that is not medically stable. So what we have is a problem of asking people to detoxify from alcohol on their own in a milieu that supports their addiction.

Our other problem that is becoming very apparent is that there are very few, if not any rare individuals, where a person who is addicted to alcohol or substance abuse is not a poly-abuser in the sense that they do have a mixed alcohol and substance abuse problem. Unfortunately, our major funding goes to alcohol, not substance abuse.

Turquoise Lodge, for example, will not accept a patient that has a mixed substance abuse problem. So we have ineffectively focused our funding in this manner where, number one, we are providing funding for alcohol abuse or substance abuse, but not for poly-abuse, mixed abuse, which is most prevalent today in our society. Second, the more we work on consumption of alcohol and decreasing it, the less money we have available for detoxification and substance abuse treatment.

I would also indicate one other problem we have in that even though the funds are less available now for detoxification, our

State administration has now raised the unit price that can be compensated, re-imbursed for our substance abuse treatment facilities by 5 percent across the board. But with the declining revenues that are available for detoxification, this guarantees that fewer patients will be administered to.

Two years ago New Mexico Behavioral Health Services discontinued the unit price re-imbursement for case consultation and treatment plan review. The result is that these facilities that provide public substance abuse treatment for patients must incur the cost of administering any type of a review by professionals such as doctors, psychiatrists, or supervising counselors because this money is not compensated under our current funding relationship. That indicates the same type of problem that exists in Los Lunas Training School for a lack of concerted treatment plan review exists in our other public facilities where that service is not compensated by the State.

I would just indicate, and this is my closing remark, that if in fact we choose to speak about the war on drugs, I would say that we must first make a commitment to do everything necessary to win that fight. Because at this point in time we are not fighting a war on drugs and that type of terminology is merely a public relations statement.

Right now in the Springer Boy's School of the 67 commitments last year, 22 percent of those were from substance abuse related crimes.

Unfortunately, what we have is over 90 percent of those children in Springer have a substance abuse problem. There are no counselors who are strictly dealing with substance abuse at either YDC or Springer. And I would ask if in fact you are not refusing to deal with those people who are already identified and incarcerated as adolescents as having substance abuse problems.

I think it's going to be important for us to realize that the drug traffic through New Mexico is very sensitive to our police and law enforcement procedures and programs. And they have an amazing ability to adapt almost like a hand in a glove to whatever programs Secretary Kemble of the Department of Public Safety and others begin to implement.

I would strongly urge that in the future when we talk about our law enforcement and drug interdiction policies, we choose to do that in Executive Session in terms of the specific tactics we are going to enforce, because I think it's time we need to no longer play our cards face up on the table. We also need to concentrate Federal Funds into New Mexico as a major border State combatting drug shipments.

But I would ask that this administration, Senator Bingaman, Congressman Schiff, make a concerted effort to bring money back to treatment and to begin to fund detoxification centers and to begin to fund our mental health services to provide adequate and responsible level of residential treatment and substance abuse treatment for juveniles and adolescents as well as adults.

Thank you very much, Senator Bingaman.

Senator BINGAMAN. Thank you very much, Senator Robinson. Let me indicate I know the legislators have some other commitments and that they need to leave at this point. They're certainly welcome to stay for the full hearing, whatever their schedules will permit.

We are fortunate at this stage to have the Executive Branch of State government represented, Dr. Robert Kemble who is the Secretary of the Department of Public Safety. He is the person responsible for oversight of all the drug abuse programs administered by the state.

And Dr. Kemble has with him, Dr. Jeanne Knight with the Department of Education is here; Miss Jackie Riggs who is the secretary Designate for the Youth Authority; Jack Callaghan who is with the State Human Services Department; and Miss Mela Salazar of the Health and Environment Department.

If you would like to go ahead we would be interested in hearing from you.

TESTIMONY OF DR. ROBERT KEMBLE, SECRETARY, DEPARTMENT OF PUBLIC SAFETY, SANTA FE, NM

Dr. KEMBLE. Thank you, Senator. To conserve your time we are going to provide a joint opening statement [1] and then individually expand on the statement on which we would be pleased to answer your questions.

Just to put the testimony into a little more meaningful context, it may be helpful to provide a little background. Without the dismal statistics, be assured that New Mexico shares the nation's drug problems exacerbated in this State because of a number of factors such as our extreme diversity in a number of areas, not only culturally and topographically, but even in the drug condition itself.

We are a State that is known to be one of the main entry points of drugs in the United States and which is estimated to bring in something like 30 percent of the cocaine and we have something like 12,000 miles of pipeline highways and areas that are so remote that they invite cultivation and production of illegal drugs. So we have our own particular circumstances that amplify the usual problems.

In order to get a better focus on the State's efforts, why, as you know, the Governor appointed me the overall coordinator. And I mention that simply to say to you that some good things I think in that regard, at least, are underway in the way of federal coordination programs. The chart in the back of the testimony shows you how we're organized parallel to the Federal plan.

We point that out because, you know, we need to make the inevitable observation that we are not yet winning the drug war and that substantially more resources are going to be needed to do so. But I want you to understand that we're making strong efforts to maximize the returns on what resources we do have. And that change is showing in the New Mexico drug control profile, which I know you and Congressman Schiff are aware of.

I would simply repeat in generalizations two or three points that I think have been touched upon. One is obviously we don't think the drug war can be won without winning the reduction side of the battle. And we won't do that without a plan that's built for the long run that involves a non-partisan effort.

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[1] See p. 53.

So what we try to do is put in place a plan that will flow from this administration and will have a smooth transition regardless of what comes in the way of political and governmental changes. But we would also try and strive to move quickly in re-enforcing and bolstering the programs that we think are working or can work.

We had some discussion before in preparation for this session with you this testimony and there are two or three generalizations which the group and I reached that we felt was important that pass it on. One has already been noted both by the Speaker and by Senator Robinson, and that is that we need to keep in mind when we talk about things like demand reduction, prevention and treatment that those are—and you said it in your opening statement—extremely highly complex, often overlapping terms.

And the only reason we're making note of this is to remind ourselves that we need to be cautious in departmentalizing our responses. And Senator Robinson gave the interesting example of separating even our funds into alcohol or drug abuse when often they are poly-abusers.

The second generalization is that I would tell you that in the nearly 1 year that I was in charge of looking hard at this on both sides, I'm impressed by how much good prevention work was being done in New Mexico, although until recently not particularly well coordinated.

Our office is in the process of inventorying what's going on in the State. And there are literally hundreds of programs of all sizes and shapes going on out there and some of them quite effective; for example, one that you've seen today.

I think our schools in New Mexico generally should be commended because they have operated with a relative pittance of per capita support from the Federal and State government. Approximately $3 per student general funding has been made available at the local level. And they have created some interesting and at least partially successful programs.

Now that pattern is admittedly checkered; some schools are ahead of others, but the momentum is certainly in the right direction. And we're slightly more optimistic than Senator Robinson as far as what we think student surveys conducted this fall will show. We think it will show a leveling off. We are guardedly optimistic, but hopefully it will show a general reduction.

But the schools overall have done a commendable amount of good work. And I want to make that note.

There's a good deal of overlap between agencies that normally wouldn't even think of being associated in their efforts. The DARE program which, as you know, uses law enforcement officers in the classroom to teach drug and alcohol abuse. It's a good example. It's being now widely adopted around the State and it's receiving high praise.

Another generalization that I would note, I think without question, coordination and cooperation are improving. Part of that is just simply the cooperation between highly motivated people working towards similar goals and becoming increasingly aware of the other guy's efforts and being mutually supportive.

Part of it has been through the encouragement of such organizations as the Southwest Regional Center for Drug-Free Schools and Communities and other organizations that work to provide coordination.

And I think the Drug Control Plan that you're aware of has already shown some advances. You may want to be reminded of the various sectors that are involved or are represented in those additional attachments of various operation of policy advisory body. I think they demonstrate a substantially greater awareness of one another's efforts towards the sector government is aware of.

One of the things that are being done, these counselors have now been highly educated, is developing the kind of plans that I think were eluded to here as necessary in these community-wide plans. And we're beginning to field test those plans.

Those plans were designed to provide models for communities which bring together State or city government, city leadership, build on school pride, on community pride, for the civic club, the churches, business sectors and all the players ought to be brought together and integrated community by community.

On the prevention side, that's the way we need to do it in this State and other places and we're beginning to field test some of those. So there's some good movement going on. We have a long way to go.

Comments about the treatment program; they're extremely important. They're indeed a moral obligation. But we need help both from the Federal Government and within our own State resources to understand what are the most—what treatment programs work and direct our attention on result-oriented opportunities where we can exploit these successes.

And we certainly need to strengthen post-treatment capabilities. That is a common statement of almost everybody that I talk to, both at the Federal level and the State level. So we need to know what works and exploit those programs.

We have far too high a recidivism rate in some areas. We need to understand why that is so. We've had families, surrogate families, involved in the follow-through and there's got to be some changes in the environment to which—particularly youth returning after treatment.

There's just a wave of additional areas that we've got to know more about and who to have on the job directing our funds.

With those kinds of general observations in mind, as I said, I think that represents the thinking of the group that is with me, let me specifically discuss the roll of Federal funding which you asked about.

In New Mexico in the past 2 years, Federal funds have been deployed generally in this fashion: Grants related to treatment, Federal grants not State related treatment, totalled about $3,800,000 grants related to education, including intervention and prevention activities totalled about $2.2 million. Grants related to law enforcement were about 650,000.

Now those figures have been fairly consistent in the treatment and education areas for the past 3 years. The law enforcement portion, however, in 1987 and 1989 were closer to $1,000,000.

So you get a general ratio of one to three to four as far as the Federal support in those various areas. And you can see that the way the government support has been stronger in the treatment area, but we must recognize the unit cost for treatment is understandably higher than for those other areas.

The monies for the 1986 and the 1988 act, as far as I can determine from our inventories—and I agree with Senator Robinson that we're still coming off of figures from too far back to have a totally accurate understanding of that—but we've been employing those essentially in the same way that we had for a number of years.

And I think too often rather than being directed by statewide strategy, the funds have been expended based on the definition of available grants. Certainly those monies have done a lot of good, but we just think that—what I'm saying is we think we can do a better job in deploying those resources, but we need your help in that. And that's the reason I make the point.

Even with some improved direction of the funds, this almost goes without saying, we clearly need more resources at all levels. And the State governments, I think, must be major players in the conversion of Federal strategy into successful local tactics. And we're waiting to see what Dr. Bennett's plan is and what he's recommending to the Congress and to the President.

But we think, we hope, that Federal funding will be made as simple and as flexible as possible. External funds, we believe, ought to be provided in block form to each State through a single agency for further distribution, but only upon evidence that that State does have truly a comprehensive drug control plan and is prepared to be representative of both the State and local level needs.

The argument of—the logic there is that clearly every State's drug problems are in some significant way different from one another. I don't need to make that point with you that New Mexico being the State that it is, with the variety and the multi-cultural situation that exists in this State, that what applies well in some sectors of our State does not apply as happily in other sectors of the State.

So what we're saying is we hope that monies will flow through the State so that we can employ those funds in the way that we think will best serve this State.

Along the same lines as these Federal funds, less cumbersome and restricted processes with assured continuity will encourage grant application and needed latitude. When the funds are too tightly fenced, you get the same problem as you get in the education field when you get a grant. Rather than people asking for grants based on what they really need, they ask for grants based on what pocket the Federal Government put those monies in.

And the second point related to that is when the rules are shifted every year or two, we lose continuity of planning and continuity of programs. So some stability and long term capability to budget against funds is a highly important ingredient if we are going to use those funds most effectively.

So in sum, I would state to you that New Mexico, I think, is attempting to make the most efficient use of its limited resources. We certainly urge the fullest appropriation of funding of the Anti-

Drug Abuse Act of 1988 and of the recommendations of Dr. Bennett.

We urge that a considerably higher portion be directed to the States and through the States to local agencies. We certainly urge that the process be kept as simple and flexible as possible. And on behalf of the government and citizens of the State I thank you as well for showing your continuing interest, which I have been long aware of.

The representatives from these other departments are prepared to make brief and more specific statements to answer the kind of questions that you posed in your letter to us.

Senator, thank you.

Senator BINGAMAN. Good. We'll be glad to hear from anyone else who has a comment to make before we ask questions.

TESTIMONY OF DR. JEANNE KNIGHT, STATE DEPARTMENT OF EDUCATION, SANTA FE, NM

Dr. KNIGHT. Senator Bingaman, Representative Schiff, members of the panel, I'm Jeanne Knight, Associate Superintendent of Learning Services, and I'm here representing Alan Morgan, State Superintendent for Public Instruction.

Thank you for the opportunity to have his comments read into the record even though he is unable to be present.

Members of the State Department of Education staff have worked with Secretary Kemble in the preparation of his remarks, so I will be brief.

Those present in the audience today who worked with him are Mary Vigil and Danny Trujillo who worked directly with the Drug Free Schools and Communities program.

The funds, 70 percent which are administered through the Department of Education, are allocated to the local school districts based on student enrollment and are disseminated on an annual basis.

Not all school districts have chosen to apply for funding because of the small dollar amounts available to them; however, at the Department's urging several consortia have been formed by the smaller districts whereby districts pool their resources to implement successful prevention programs.

The number of schools included increases each year. In 1990—in 1989, 1990 only 11 of the State's 88 school districts are not participating. And needless to say, those 11 will be our targets for the coming year.

The strengths of the Drug Abuse Programs in the State of New Mexico have come from the beginnings of an articulation between State agencies in the provision of these prevention programs. These should be a priority not only at the State level, but also at the Federal level.

We need greater coordination between the Federal agencies, and I might add, State agencies. And I'm very optimistic that that is happening. We would also hope for stricter controls over the advertising industry as it relates to children and youth knowing the strength of the media, especially television.

Briefly, in New Mexico, the majority of Districts/Consortia, have expended the monies for participation in the areas outlined, which is not surprising; for developing prevention curricula, school-based programs, In-service and Pre-Service programs, Prevention Counseling programs, and Interdisciplinary School Team approach programs.

I would like to stop and talk a little bit about that one. We feel in the State Department of Education that the most powerful programs are those that are developed at the local level by those who are closest to the students. We also recognize, as do the authors of the Act, that a school cannot correct the problem in isolation. Therefore, the wisdom of the Drug Free Schools and Communities Act.

The Interdisciplinary Program that is being utilized in New Mexico requires participation not only of school people, but of all people in the communities representing other agencies, churches, businessmen, et cetera. We have recently completed training in that school team approach and the training of trainers approach which we think will make a big difference in the coming year.

We have some excellent school based programs; three having recently been recognized on a State and national level: Sandia High School here in Albuquerque, Gallup High School in Gallup, New Mexico, and Los Alamos where they have a high rate of teenage suicide, the highest rate in the state.

When the statewide inventory of current efforts is completed early in September, we will be able to advise Districts of assistance available here and to identify those areas for—which need to be approved. Our year-end evaluations have been positive; however, uniformity in what should be reported to the Federal Government, other than strict dollar needs, should be developed.

More clearly stated guidelines would help the program. Expediting information dissemination regarding RFP's, Recognition Project, et cetera, would also help. Also planning, long range planning at the Federal level would help us because it takes time to go through the bureaucratic hurdles here to have out-of-State travel requests approved.

These are just administrative detail, however. Of major importance is allowing the State Education Agency and the school districts the flexibility to run their part of the program utilizing expertise of their staff in meeting the needs of each local community. We endorse the idea of using New Mexico as a "testing ground for new initiatives," particularly in the demand reducing side.

It's been a privilege to have been a part of your panel. Thank you.

Senator BINGAMAN. Thank you very much. Secretary Riggs.

TESTIMONY OF JACKIE PIERACCI RIGGS, SECRETARY DESIGNATE, NEW MEXICO YOUTH AUTHORITY, SANTA FE, NM

Ms. RIGGS. Yes, thank you. I'd also like to thank you for the opportunity to be here today. Although my comments are not in written form, the reason for that is that Youth Authority is represented on the Governor's Policy Advisement Board. Secretary Kemble did make a general statement for all the cabinet secretaries represented on that Board and taking part in the planning effort for New Mexico.

I just have a brief comment. Although I'm new to State government, I'm not new to the problem of substance abuse. I started working with young people who have this problem in the early 1970s. During that time there was a great deal of Federal money given to the States and communities for the purpose of trying to discover various ways to deal with the substance abuse problem.

I worked in those programs for 3 years while we helped the Federal Government try to discover what can help people kick the problem of substance abuse. Here we are now in almost the 1990s with another surge of Federal interest, as well as state and local interest in the drug problem again. I might add we have not solved the problem even though we put a great deal of money into it almost 20 years ago.

The New Mexico Youth Authority was granted a cabinet-level agency. And I want to draw an analogy into what we're experiencing here in the States and what I think is going on in the Federal Government.

The Youth Authority is mandated by State statute to gather together all the parts having to deal with juvenile justice. And I think I learned something very important as we endeavored to do that. If you're going to gather certain agencies together to work on behalf of one people, you have to have very good communication with your workers to accomplish that. You see us as a State trying to gather together not only State agencies that are working on substance abuse, but also the agencies in the community.

You asked a very specific question and the information in it came from your staff and I'd like to answer that one question.

You asked, "Do you believe there's been a break down in communication among the Federal, State, and local government?" And I have to answer that question in the affirmative, yes, I think there has been.

But generally our relationship with the Federal Government is we receive the requests for proposals, we write grants, the grant is either accepted or denied and we receive the Federal funds.

We have relationships with other parts of the Federal Government and one that is very positive. And I thought it might serve as a model of how we could improve our efforts in the area of substance abuse. The Youth Authority works very closely with the office of criminal justice in prevention.

And they also have been very interested in coordinating efforts through the Federal Government and State government. And they have done so in a very interesting way. They have brought together the leaders of each State agency to quarterly or sometimes semiannual meetings to do a couple of things; first of all to exchange information about what each State is doing in the area, second, to present best practice research on what is working and what is not working.

My particular agency has found this extremely helpful to have that kind of coordination, to be together, to talk face to face between State officials and Federal officials. And in a way that cannot happen when we are simply exchanging letters or writing grants.

I would suggest that if you're interested in breakdown in communication between the States and the Federal Government that perhaps you give this model some consideration, that we actually spend some time as experts in the field meeting face to face and exchanging information and research and developing some common goals. This has been successful in other areas, especially in the area of drug prevention.

I have one other comment, and again I refer back to early work in the 1970s centered around substance abuse. At that time we developed a philosophy. Basically we did not refer to the problem we're having now so much as a drug abuse problem but as a people problem. I don't think things have changed all that much in the last 20 years.

I think it's critical for you to know that even though drugs are available and we seem to have a drug abuse problem, we need to look at the reasons why our young people in particular feel so isolated or unhappy or so non-part of society that they would turn to this alternative.

And although I do think our efforts in coordinating both stopping the flow of drugs into the country and treatment and prevention is very important, please let us not delude ourselves in thinking that if we stop the flow we will not have problems in its place.

There are other things going on with young people and families. And we need to help them solve those problems and be strong as family units if we truly want to stop the drug abuse problem and the abuse and neglect problems that are so very serious in our society at this time. So let's not get too far away from knowing that. I think we've known that for some time.

I think if we don't face up to that problem we may solve the drug problem only to replace it with another problem. That happens in treatment of substance abuse, to take away one chemical, perhaps drugs, only for that the person to turn towards alcohol.

And that simply means that you're not looking very closely at the underlining problems and that's very important. And I hope that in coordinating efforts for the State and Federal Government that we keep that in mind.

And I thank you very much.

Senator BINGAMAN. Thank you very much. Mela Salazar with the Health and Environment Department.

TESTIMONY OF MELA SALAZAR, HEALTH AND ENVIRONMENT DEPARTMENT, SANTA FE, NM

Ms. SALAZAR. Thank you very much for having me on the panel today, Senator Bingaman and Congressman Schiff, members of the committee.

I am Mela Salazar. I am here representing Mr. Emerson who is the State Director for the Health Services for the Health and Environment Department. We are the entity that is towards the public funded alcohol and other drug prevention and treatment centers.

The alcohol and other drug prevention have progressed substantially in New Mexico, although we have a very long way to go. Obviously we need to minimize that and our continuing care as Senator Robinson has indicated. We have a very long way to go in getting additional resources and we need additional fiscal resources and manpower resources in order to get to the point where we want to go in developing a comprehensive continuance of care in New Mexico.

When we talk about the continuing of care, I'm talking about starting with prevention and education, those kinds of efforts. I also would like to somehow let you know that we really do appreciate the Federal involvement in the ways that are coming down from the Federal Government to assist us in our efforts.

As a result of the Federal grant through the office of Substance Abuse Prevention and the Bureau we are able to implement a project called the Comprehensive Youth and Import Center in cooperation with the public schools, specifically the local public schools in Santa Fe, we have been able to test and modify substance abuse programs to demonstrate which curriculum may be most suitable for the special needs of special groups in New Mexico.

Finally, the evaluations are on the way right now. We would be happy to share those results with you.

In an effort to meet the needs of the high risk children in New Mexico, and their parents the project will extend to the balance of the State. Instead of relying on artificial boundaries, the State will be divided into four geographic social/cultural divisions. These divisions are the Navajo Nation in the western pueblos, the River Valley Region, the Mountain Region, and the Ranching Region.

The rationale for this decision is to attempt to reflect the reality of how people live, because New Mexico is still a poor rural State with large expanses of land, of open land, people with three predominant cultures. Because there is a rich cultural tradition of bonding with the land like in New Mexico it is intrinsically influenced geographically.

New Mexicans who live, for example, in the northern mountain area may be more similar to southern mountain dwellers than they are to northern ranching residents of the State. And because substance abuse patterns reflect life styles, different approaches to substance abuse prevention are required within one geographical division.

The knowledge that is going to be developed is the knowledge obtained as a result of this project will be shared with each region while remaining open to appropriate and realistic local modifications.

It is our goal to continue to develop a state of the art substance prevention model that can be more useful to our state population. In our role to accomplish this, additional manpower and fiscal resources are essential. We do need continued Federal involvement in our efforts, just as much as we need to be more involved with the Federal Government. We need to work in partnership.

Oftentimes the Federal Government is—Federal Government should involve our State in setting priorities. We should be involved in setting our own priorities that are based on our own needs because we are unique, we are different. And what is happening many times on the Federal level is that priorities are being set and they are based on more urban type of spending. For example, what is appropriate in New York City may not be appropriate in Mora County, New Mexico, for example.

What we are asking for is that we would recommend that we be more involved in setting our priorities and naming our own needs based on our cultures differences. We would like to ask for better understanding from the federal system in terms of understanding our structure. Oftentimes what happens is that obviously there are differences in our fiscal years.

And so when funding comes down and we are not spending it according to how the Federal Government expects us to, it appears as if New Mexico is not spending their money. Well, that is not true. We are spending it, but the point is that there are differences between federal fiscal years. And so it will show—spending will show that we may be behind, but our dollars are obligated and they will be sent down because you can't afford not to.

I also want to say that I recommend and would support that the State agencies also be recipients of Federal funding coming down. This makes for better cooperation and better collaboration in our communities.

We have momentum going now with the Governor's Advisory Board and the Governor's Substance Abuse Advisory Counsel whereby they're helping in coordinating our efforts.

If we do have the funds funneled through one State agency this will also help us in our effort. And we need the Federal Government involvement and your support in helping our state to accomplish what we need.

Thank you.

Senator BINGAMAN. Thank you very much. Jack, did you wish to make a statement? We're very pleased to hear from you, if you do.

TESTIMONY OF JACK CALLAGHAN, DEPARTMENT OF HUMAN SERVICES, SANTA FE, NM

Mr. CALLAGHAN. I represent Secretary Valdez of the Human Services Department. And on behalf of Secretary Valdez, I thank you also for the opportunity to participate this morning.

Within the Human Services Department we've got three areas and I represent the Medicaid program and support program of social services. I would just like to, very quickly, talk about how the problem of substance abuse among youths effects the programs we deliver and talk about some of the solutions we see on the horizon.

In terms of the Medicaid program, I think it's quite fair to say that drug abuse is related to escalating costs that we see we project that will show in the program by the year 1999 in New Mexico if trends continue. And physician/in-patient costs, pharmaceutical costs, and much of these increased costs can be tied indirectly or directly to drug abuse. I think income support, food stamps, those kinds of programs see the same popular trends escalating there. And there's many reasons for that. But, again, it's tied in with substance abuse.

In terms of social services, I think it's a cliche, but also worth stating that the kinds of problems we deal with, the skits we saw earlier this morning, the one related to sexual abuse, what we see in social services is off the tip of the iceberg in physical abuse, sexual abuse. Oftentimes we see drug abuse, substance abuse, alcoholism tied in with the children or the parents or both. So needless to say, these problems are very intertwined.

In terms of solutions, what we have discovered in the administration of our programs is three things really. The first is that local control is probably one of the most efficient ways in making money, we found, to the best that they can. We found just in our own service within the social services that if you recall making the Santa Fe office the more likely the service center in the community of substance abuse.

Second, we're interested in case management. If you look at what we call human services, in the last 3 years you look at income support welfare programs. Basically we've gotten into what we call Project Main Stream or Project Forward, which is, in many of these cases, management for people who are unable to succeed in terms of getting day care, getting jobs, getting substance abuse help, whatever it takes to improve their lives.

The same thing with Medicaid, we have case with management program of prenatal care which deals in substance abuse and that we need to take mothers and educate them regarding substance abuse, for example.

And the last point I'd like to make is world of social services and what we project right now. And what we're discovering is that the problems we deal with in drug exploitation are results from multiple problems. We can't just go into a family and theorize that the family is the cause of the problem, but the family has the solution also.

So what we're looking at is getting into families early on, hopefully providing extensive services. And we have in many cases a large emphasis on prevention and education regarding substance abuse to help these families solve their own problems.

So I would just like to make a point from the Human Services perspective that this kind of work is better for human beings as well as physically and we think the solutions better cross all the aids representative here this morning.

Thank you.

Senator BINGAMAN. Thank you very much. We're running substantially behind where we need to be, and still have two additional panels to hear from. Let me ask just a couple of questions and defer to Representative Schiff for any questions he has before we dismiss this panel.

Is it realistic to think that we should have in New Mexico as part of our curriculum in each school, including the elementary schools, a program of educating children against drugs abuse?

I know we have that in some districts. I know the DARE program here in Albuquerque tries to focus on fifth graders and provides 17 weeks of instruction, as I understand it, one class per week for 17 weeks. Lieutenant Chris Padilla is going to testify later in the hearing on that.

My perception is that a number of other school districts in our State have not yet instituted substance abuse curriculum. What is the situation here and is it something we need to have throughout the State?

Mr. SANCHEZ. Senator, one of the specific solutions that was adopted and we need to establish under the auspices of the State

Board of Education a program that will define and set guidelines right here at the State Board Education requiring all educators to take special courses dealing with the causes and prevention of substance abuse.

It's been talked about, legislatively we have not wanted to force it on State Board because I don't believe that the legislature should interfere anymore in telling the State Board what they ought to teach or what they ought to learn.

But I do know that the State Board of Education is approaching some sort of directive along those lines, but legislatively I don't think we ought to impose that I'd rather see the State Board of Education do that.

Dr. KNIGHT. Yes, Senator Bingaman, thank you for the question.

Since the mid 1970s the Educational standards of New Mexico schools which is a regulation adopted by the State Board of Education have required that every district in the state include substance abuse prevention in their health education curriculum.

It is administered, as you noted, at different levels in each of the districts. But it is required. Perhaps it needs to be strengthened, perhaps it should be highlighted better than it is now, possibly for the State guidelines and we are looking at that.

Another effort that is going on is the result of a piece of legislation passed two legislative sessions ago that requires the State Department of Education to make available to all of the districts training programs in substance and child abuse. Those monies were contracted out.

The program is now developed, the video materials, curriculum materials have been developed.

And the piece of legislation also requires that everyone who is certified within the State of New Mexico must receive that training and participate in that program prior to 1991.

After 1991 then every new employee must participate in that training within the first year of employment within the State. So there are efforts being improved.

Senator BINGAMAN. Let me just follow up on that. I recall that in some of my discussions with Bill Blair of the Department of Education, that the requirement for comprehensive health education has been on the books for a long time, but most school districts don't comply with this policy.

Is this a policy, and are school districts in compliance with it? Is this a problem that deserves greater attention?

Dr. KNIGHT. Yes, Senator Bingaman, this is one of Dr. Blair's pet peeves. It is required that every district offer that comprehensive health education. The problem there is that most districts integrate that within other subject areas like social studies or health or—excuse me, or science, something of that nature, because certified health educators are short in number and they cost extra dollars.

If you're going to implement that program by a certified health educator, then you add another person to your staff. And that would be the ideal way, but it's a money problem.

Senator BINGAMAN. Why couldn't we at least provide some direction to other school districts, something like the DARE program, where the instruction is provided by uniformed officers to children in the fifth grade? I'm not saying that's the only solution, but it is a way to try to deal with the problem.

I'm just wondering how we get from where we are—at a point where people recognize that it is required, it's going to happen, but pass it off as someone else's job—to a point of implementation?

How do we get from where we are to actually having the instruction? We started a new school year last week. How many of our fifth graders are going to hear anything about the problems of drug abuse this fall?

Dr. KNIGHT. Senator Bingaman, I really can't respond in terms of how many fifth graders. We do know that the effort is increasing. And we always labor in New Mexico with this—how much do you adhere to Santa Fe and how much do you adhere to the local economy.

We have created within the State Department of Education a new guideline which requires that we increase our health educators in the State, and that's physical education.

Senator BINGAMAN. Dr. Kemble, do you have any idea as to whether the solution to getting this instruction in our schools is working through law enforcement like the DARE program does? Is that the only way we're actually going to have it happen?

Dr. KEMBLE. Senator, my feeling is that the first effort should come from the Board of Education. I think law enforcement through the DARE program is quite willing to be a supplemental voice in this and has shown some real success.

And I think that the fact that younger children particularly respond to those people gives them a special relationship that works well in the DARE program. But I think that it has to be a collaborative effort.

And finally we're setting up these community-wide programs where in a field test case during this month we actually caused the community leadership to come together, including local law enforcement, but also with the school educators and say, okay, how do we best find a solution of the type you're talking about. I think obviously all this needs to be done.

Senator BINGAMAN. I feel compelled to comment. I think that the level of urgency with which the problem is viewed varies dramatically.

The President is going to have a press conference on Tuesday where he is going to layout this major national strategy to deal with this and propose dramatic new funding. It is not clear to me where the money is going to come from.

Since I've been in the Senate I've seen a pattern develop where we announce a drug war, we pass a bill, and then we go onto something else. And then a year or so later we announce there is another drug war and pass a bill and go onto something else.

It just seems to me that we need to have something more than a desire to "deal with this in the next couple years," because it's not going to happen. We're going to have a new administration coming in another year and a half, they're going to need a year to get organized, and on and on.

I'm not trying to be critical of anybody. I'm just saying that if there is any way we could bring it down to specifics in this school year, it would certainly be great. I realize you can't do it this fall because this fall semester has started.

Maybe you can do something in the spring. People will all be back in school after the first of the year. I also believe that there are times when the traditional concern about local autonomy needs to give way.

And obviously locally initiated solutions to problems are ideal, but if those are not forthcoming, there has to be some direction and some mandate action taken to get the job done.

Let me just ask Jeanne Knight one other question. In your written statement you indicated that you and Secretary Morgan support and urge that there be stricter controls over the advertising industry as it relates to children and youth. I'd be interested if you would elaborate and try to be more specific in what you recommend we do.

Dr. KNIGHT. Okay. Thank you for the opportunity. There have been, obviously, strides made along these lines where we don't see as many alcohol-related commercials as we used to. The smoking commercials have been cut back, but still it is depicted as being glamorous to smoke and being glamorous to drink a certain wine.

Those are the kinds of things we have in mind because we're battling a very powerful force. And we're trying to lobby against what children see on TV.

Senator BINGAMAN. Let me yield to Congressman Schiff for any questions he has.

Congressman SCHIFF. Thank you, Senator. I'll be mindful of the time. I have three matters to bring up and I would do so very quickly.

First, and to me the largest, is this observation: I spent a number of years in law enforcement in the State of New Mexico and I felt the biggest impediment to effective law enforcement against drugs and other types of crimes was the lack of a plan, lack of a goal in the State of New Mexico government. And when I say government, that's true of all States, to the best of my knowledge.

I realize the legislature has passed a drug abuse control plan this year. And I compliment the legislature for doing so and the administration for supporting it. But it is, as Secretary Kemble noted, very general. And I think that we need a plan that gets more specific.

I'd like to give one example from what I know best, which is judiciary. Although I've been saying that, I certainly recognize that Speaker Sanchez said about our approach must be broad based, education and incarceration is absolutely correct. And I don't mean to suggest that because I'm most familiar with the judiciary that it is in some way more important than any other aspect of that approach.

But to the best of my knowledge, the State of New Mexico has never even commissioned a study of—in the judicial area how many district judges, assistant public defenders, and assistant district attorneys do we need, in which counties, and how much should they be paid in order to provide stability and lack of turn over. And I've never seen such a study, if it's ever existed.

And it seems to me that there's no hope of effectiveness if we haven't even done a study and set up a plan, even if we can't pay for it all at once. This is our goal. This is what we need. These are the number of personnel, this is the training they should have, this is what they ought to be paid. I think we need to at least state that as a goal before we can hope to be effective.

And I wonder if particularly the legislators and Secretary Kemble from Public Safety, I wonder if you agree with me? And if so, if you think that the plan will become more specific in the next several years?

Dr. **KEMBLE**. Congressman Schiff, I think you realize that the plan was laid out on general terms with the idea that any annex would be more specific. I think that one example is an excellent one.

I think we need a number of additional studies and research in some portion of the Federal Government by giving us models to deal with, some which we started ourselves thinking that maybe out of our resources we remake and appoint districts in the system to follow through on. The type of thing we just heard here is basically logical and this needs to be done.

We have not started anything on that, but I certainly note that, and I think it is an excellent suggestion. But the idea is to build a plan that's going to last, but make it available or make part of that plan a specific annex as we get into this program more deeply.

Mr. **SANCHEZ**. Senator, Congressman Schiff, something I think you've got to recognize and certainly remember is the fact that one of the problems we have in terms of what you're talking about is being able to establish those guidelines which will get us to the point of reviewing the need for additional judicial personnel. That failure was created because of a movement among district attorneys about 6 years ago, if you will recall, to create more areas of analysis involving different areas of the law with the goal of creating a lot more crimes and longer incarceration. At that time we were looking at a study of need and were distributed by the District Attorney's Association.

We stopped the study because the Associations at that time decided that crimes had to be reclassified, people had to go to jail for longer periods of time because the prosecution of those crimes was not cost efficient.

As you recall, we sat down at that time and tried to formulate a plan that could bring the justice system, judges and district attorneys and the public defenders together so that we could kind of put that sort of activity and look toward the plan.

Recently, we set up a sentencing guideline statute that will lead us to the design of some sort of program to tell us how many judges we need, how many prosecutors we need, and how much they should be paid.

I couldn't agree with you more that that is important, but I couldn't disagree with you—I guess I'd have to disagree that's the importance. I don't think I heard you say that that was a prime fact or that we need to look at in terms of drug enforcement and control.

But I would think that we've got to step back, and a higher priority to that would be to look at programs to keep people from demanding that substance, more treatment, more recognition of the problem. Although I agree with what you're saying, I think our priority ought to be first looking at how we can stop drug abuse so we don't need more judges, more prosecutors, and more public defenders.

Congressman SCHIFF. If I can continue one second, Mr. Speaker. Again, I will move along quickly, Senator.

I was not suggesting, as I said, that the judiciary is higher than treatment on one end or incarceration on the other. I was just giving you an example.

In judiciary alone, there has been no study that I know of by the State of New Mexico—and that's a generic term; I'm not looking at the House or the Senate or one part or the other of the administration—that it even begins to say what do we need, what is our goal. I believe we've done so with public schools.

And I understand that because of finances we've regretfully not met goals. But we have at least talked about we need a certain number of—maximum number of students in the classroom and so forth. We've gotten that specific a goal. There hasn't even been a study, much less a stated goal in the judicial branch. And it just seems to me that if we don't know what we need, I don't see how we're going to get there.

Mr. SANCHEZ. Thank you.

Congressman SCHIFF. Two more things very briefly. One compliment for Secretary Designate Riggs; who I hope will be Secretary Riggs shortly.

You made a statement that I feel deserves reiteration, and that is as serious as the drug problems is, it does not exist by itself. It exists along with many other problems. And I think that is so important.

And I agree with it so much, I think it deserves an emphasis, that on the social side if we cure somebody of an addiction to an illegal substance but they become an abuser of alcohol, and I stress the word abuser, I don't know that socially we've made very much progress actually in the long run.

I believe that's also true in the law enforcement side. I think those people that are in the business of selling drugs are professional criminals. If drugs are not lucrative, they'll sell stolen cars. They are still criminals and they need a law enforcement response.

But I want to compliment you for saying that—and it's not said often enough because it means the problem is even worse than we're given to believe—but drugs are a part of the problem. It gets much broader than that.

One final item, Speaker Sanchez, I've indicated I agree with most of what you said, but perhaps I'm a little sensitive of the subject given my career history. But I thought I understood you to say one impediment treatment for those who wish treatment for drug addiction was a militancy on the part of prosecutors to prosecute to the maximum to bring people into the criminal justice system. Did I understand that to be your statement?

Mr. SANCHEZ. I think you misunderstood my statement. I didn't say that. I think you've got to prosecute those people who are in the business of selling drugs. I would agree with you there.

My concern, I think, and what I want to point at is that people who are mere users might have a medical problem and ought to be recognized as having a disease and not prosecuted to the fullest extent of law. If that's recognized as a disease, that's my point.

I think we've got to train prosecutors, judges, and others to recognize those who are involved in the criminal activity you just described selling drugs and those who are individuals who have a disease and should be treated and not prosecuted to the fullest extent.

Congressman SCHIFF. Well, Mr. Speaker, I'm not sure I used the word disease. But nevertheless, it's been my experience as a prosecutor for many years that in the State of New Mexico those who are users are normally given a break and are normally not prosecuted to the fullest extent of the law. So I think we do, we being my former colleague, that which I believe you advocate, do we not?

Mr. SANCHEZ. I don't know what kind of break you're talking about, but I'm not talking about a break, I'm talking about treatment. I think that what I'm talking about, Congressman Schiff, is more than just a break for those people. And I'm sorry that you don't recognize this as a disease.

Most people in this day and age have come to realize that those who have a real problem that in fact addiction is a disease. And I believe that most treatises, the AMA and other organizations, other people throughout the United States have come to recognize that addiction is a disease.

What I'm talking about is not so much a break. I don't think you do any good for a child or young man if he is caught for the first time and you just give him a break, don't prosecute him. I think you give them treatment, then you try to get them into rehabilitation. Then you try to get them into recovery.

Then you try to make sure, Congressman Schiff, through programs, that they stay clean and sober by following in their activities; that they find themselves a sponsor; and that we work toward those goals and that we find money to help those young men and women and older men and women stay clean and sober.

The break is fine. I appreciate that having been at one time or another a defense attorney, but I think more important than giving them a break is to find appropriate treatment. And that was my direction.

It wasn't meant as a disagreement on law enforcement at all or prosecutors at all. I believe they do need breaks, I was talking about what you do with someone who has a disease.

Congressman SCHIFF. Well, I think the break I was talking about, Mr. Speaker, is I do not know of cases where law enforcement inhibits or threatens people or gets in the way of people who have a disease, as you put it, and come forward for treatment of their disease as people with diseases are supposed to do, I believe, and in some way provides an impediment to those who seek treatment. I have never seen it in my career in law enforcement.

Mr. SANCHEZ. You were a very good district attorney. And let me assure you that there are others who are not quite as compassionate as you were.

Congressman SCHIFF. Let me say it was a pleasure also working with you as Speaker of the House. And now that we're all friends again, I'll give the mike back to the Senator.

Senator BINGAMAN. Let me thank the panel for the excellent testimony. We appreciate it. We hope we can follow up on some of these things and help improve the communication between Federal, State, and local officials. Let's take a very short break before we start up with the next panel.

[Brief recess.]

Senator **Bingaman**. Why don't we start again. I apologize for such a long break. I had to make a phone call during the recess. Our second panel is comprised of individuals who represent the community-based organizations.

We'll hear first from Mr. Michel Lincoln, the Navajo Area Director of the Indian Health Service and Dr. Chris Percy. Dr. Percy is a practicing physician who serves as an advisor to the Shiprock Navajo Behavioral Health Board of the Shiprock Public Health Service Hospital.

We'll hear from them first and then we will go on to our other witnesses. In addition Mr. Chris Baca, who is the Executive Director of Youth Development, Inc. will testify.

We also have Joseph Quintana, Substance Abuse Counselor at the Santa Fe Indian School. And Lieutenant Chris Padilla who is with the DARE program in the Albuquerque public schools. I've asked him to be here today.

We had hoped that we would have time to view a video tape that the Albuquerque Police Department uses to describe the DARE program. Unfortunately we're running so late that I think we're going to have to dispense with that.

But I've asked Lieutenant Padilla if he would sit on this panel and give us a brief description of the DARE program and what it tries to accomplish so that we have that information for the record.

With that, why don't we go ahead with Mr. Lincoln's testimony. If each of you would hold the microphone as Mr. Lincoln is doing, I think everybody in the audience will be able to hear you.

TESTIMONY OF MICHEL E. LINCOLN, NAVAJO AREA DIRECTOR, INDIAN HEALTH SERVICE

Mr. **Lincoln**. Thank you, Senator Bingaman, Congressman Schiff. We appreciate the opportunity to be here. We have provided written testimony for the record.[1] The testimony has cleared the department's approval process.

It will be my pleasure to just briefly summarize a few comments, a few statistics and then to leave the lion's share of time to Dr. Percy. I think his comments, his testimony, and his statements and his experience are what are critical to hear and to discuss.

Senator **Bingaman**. Before you get going, let me just once again reiterate that if each of the witnesses could try to summarize what they have to say I think that would help. Again I apologize to everybody that we are running into time conflicts. Go right ahead.

Mr. **Lincoln**. The seriousness of the play that was presented to us, sometimes I think it can be understated. I'm going to present a series of statistics and very sterile statements. I don't mean to leave any feeling out of that. I was very struck by what has transpired on stage this morning.

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[1] See p. 64.

The Indian Health Service, as you know, has major responsibilities under the Public Law 99-570. We have major responsibilities to provide service. We have major responsibilities to coordinate and work with a variety of agencies and communities. And to a varied degree we carry those responsibilities out.

Clearly, though, especially after witnessing the play this morning, it is not as much as should be done. It is not being done as well as I believe we could do it. I will walk away from this hearing having remembered that play and having recommitted myself to doing something.

There are 11 adolescent treatment centers that are mandated to be initiated in 99-570. The Congress has provided funding for all 11 of those centers; sometimes not for health care being provided by these services, two of which are in New Mexico. One is ACO of which you are aware. The other one that will be opening very very soon in September is at Shiprock. Dr. Percy will discuss in some detail that Shiprock adolescent treatment center.

In 1988 the Human Health Service through Public Law 99-570 and through alcoholism funding provided basically 21,000 client treatments, 10,000 discharges, 173,000 prevention contacts, 7,000—over 7,000 new contacts.

It is difficult for us to separate and talk about substance abuse when in essence the predominance of those cases are alcohol abuse, the abuse of alcohol and alcoholism. Seventy-five of every thousand new admissions are due to drug abuse, something other than alcohol; a relatively small number growing, becoming more and more critical in the Indian community.

There are a number of model projects that will be mentioned, FAS projects through the city, as an example. Various centers that exist in New Mexico, certainly the HPD efforts in the State of New Mexico are certainly for the country, not just for the Indians, but for the country. Those have major impact in the way that—in the development of our communities, and quite honestly, in how we must approach this very very serious developing, merging, evolving problem.

There are a number of items in the appropriation bills for fiscal 1990 that I need to raise to your attention. Dr. Rhoades has asked me to acknowledge these items to you and to let you know that we will be working on them. There are five. I will dispense with them, but they will be available for questioning.

There is a provision in the appropriation bill by which the Human Health Service and Bureau of Community Affairs include planning for federal detoxification and detention facilities. That report is due to the Congress March 1, 1990. Indian Health Service and the Bureau of Indian Affairs have already started preparing that report. We will beat that deadline and copies of that report will be provided.

The areas and service units have not been involved yet, but there are plans to do so. There is $3.15 million ear-marked in the appropriation bill to fully fund the regional substance juvenile adolescent treatment centers which will expand each of their funding to a million dollars in treatment centers.

Our ACL experience certainly has been used in justifying these additional appropriations from Congress. This will also allow the

Shiprock Juvenile Treatment Center to start off at least at ground level rather than being short funded to start off and then proceed to go down from that point. At least there is an opportunity to provide the level of care and quality of care that is desperately needed there.

There is $200,000 that has been identified for alcohol problems in the community of Gallup. Senator Bingaman and Senator Domenici participated in a community meeting where it was painfully obvious and embarrassing for a number of us from the community of Gallup to show the lack of coordination.

I personally apologize to you for the manner in which that meeting evolved, but it was a very important step for us. It highlighted and culminated, it let us know in very clear terms that we were not working as well as we must work together if we seriously plan on doing anything in that community and other communities.

That was a pivotal meeting for us to start talking with each other and for us to start working more closely. In some ways that meeting was necessary and the views aired in the forum were necessary. And upon reflection, I feel more positive regarding the outcome. We will be doing more and we will be working closer together.

I do believe that it is one of the responsibilities of any government to fully participate, when the community assumes the leadership position, that we will participate as a member of a group. But when the community, the organization, and the agency does not assume a leadership position, I clearly understand now that we have a responsibility to assume that position or roll.

There are provisions that call for a study, in a specific language from the Senate, that call for the study in combining better coordinating the mental health effort and the alcoholism effort in the 1990 appropriation language. We will be undertaking that study.

There is already a plan to put in place, a study design in place. That report is due to Congress on April 1, 1990. That is an issue that has been long needed in the medical communities of behavioral health problems, if you will, versus separate mental health programs, separate social services programs and separate alcoholism programs. In actuality, the client is one and the same. And we will be looking into that much much more.

The last item is an item that is in the mental health appropriation language. It deals with the whole area of child abuse, sexual and otherwise. The Senate has indicated that we should use $5 million of the increased appropriation provided for us in 1990 for this problem. That is a welcome direction from the Senate. Clearly there is a rise in abuse of children, especially sexual abuse of children for the reasons so apparent this morning.

And clearly these funds will be—are mostly in the judicial center. I'm glad to see that in some ways Congress, both through the House and through the Senate are listening to communities, communities having identified problems like this and now are asking agencies to be responsible for those communities. I believe this is one of those examples.

Senator Bingaman, Congressman Schiff, these are general comments. More specific detail is available in my written testimony.

Senator BINGAMAN. Thank you very much.

Dr. Percy.

TESTIMONY OF CHRIS PERCY, M.D., ADVISOR TO THE SHIPROCK NAVAJO BEHAVIORAL HEALTH BOARD, SHIPROCK PUBLIC HEALTH SERVICE HOSPITAL, SHIPROCK, NM [1]

Dr. PERCY. I'd like to thank Senator Bingaman and Congressman Schiff for giving me the opportunity to share some of my impressions. We also appreciate the Senator's visit to Shiprock several months ago to visit the de-tox and meet with the board, the community board that will be administrating the treatment center in Shiprock.

You both are busy men, anybody who is here is busy. In truth, I had to search my mind a little to wonder why you would ask me to come to speak. I think that the special perspective that I may have to offer is to look a little bit at the community end and see what happens when the congressional, State, or other entity is finally made a community and then to become implemented.

I think you at the legislative levels need to see what is actually happening out there. I'm most excited by the other people on the panel here to see what their programs are doing at a community level. I think that's where it's really happening as far as actions against alcohol and drug abuse.

I have a written statement, which you're familiar with the Federal system and this comes out of—has to be cleared through a bunch of people. I'll just summarize that rather than read that out to you.

I'm a family physician working in Shiprock, New Mexico. I, as a doctor, serve about 40,000 people. For the last 2 years I've also served as what they call Health Promotion Coordinator for the area. This means I help to assist and develop programs in working at preventing diseases and promoting healthy lifestyles.

Alcohol and drug abuse are the number one health problem of our area and many other areas that will be—are a lot of the things that are going on in that area. I have a list in there of some of the things that are going on, you can see that.

I'd like to, through my prospective as a physician and also someone who has had a chance to work with several different community organizations—I'm not speaking for anyone else; this is just my own prospective.

From my prospective as a family physician, I always can feel the impact of alcohol and drug abuse every time I see individual lives of families shattered; victims in ER of alcohol-related accidents or violent injuries inflicted by someone under the influence; abused and neglected children whose parents are addicted; end-stage alcoholic patients who can't stop drinking; and parents and children who can't talk to each other because alcohol or drugs speak with the loudest voice in their family.

I was struck during the plays this morning that the one thing that was going on was all these people were talking. Everyone that works with families where alcohol and drug abuse are involved knows that they had to talk in order to get across to us, but what you saw happening in 3 or 4 minutes would take days or months to get that amount of communication going on in any alcoholic or drug effected family.

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[1] See p. 67 for Dr. Percy's prepared statement.

Physicians, in general, are frustrated in dealing with alcohol and drugs, because the things we know how to do don't work. There's no surgery, there's no medication that makes people get better, even the little counseling that we try to give to a person in our office isn't very effective. In general, most physicians feel very fatalistic about it.

My chance to work as a Health Promotion Coordinator has given me a chance to gain another prospective and some hope. I've had the chance to work with and learn from some of the most dedicated individuals and agencies I've ever met.

And I feel like these people and some of the people at this table are the front line troops on the war on drugs every bit as much as police officers, customs officers, and others who are trying to stem the flow of drugs.

These kind of people are fourth grade or fifth grade teachers; teaching refusal skills to their classes, they're substance abuse counselors working with young people who are the third generation of alcoholics.

There are kids here at this high school, there are sixth grade kids at Red Rock High School who care enough to try to bring messages about substance abuse back into their community, to hold a mirror up to their own people and say, "Look what we're doing to ourselves," and try to get people to talk about it. Because the number one barrier to doing anything about alcohol and drug substance abuse is denying that the problem exists.

I think right now with the national spotlight we have an opportunity to work on some local community consensus and national consensus about what to do about these problems. The national attention span is short.

In a few months there will be some new thing that people are paying attention to and the spotlight will not shine quite so brightly on this issue. This is the time to try and make some movement at the local level and national level on coming together with what we all think needs to be done.

Just as a last example from a physician illustrates the complexity of the issue. A typical case that I might receive or, in fact, a para-professional counselor might see and come to me for advice, a 14-year-old girl, pregnant, has been drinking for 2 years, several arrests in that period, and perhaps the child is a result of sexual abuse by a member of her family. That kid is looking for help somewhere.

We're trying to deliver those services in a rural area with limited services, and it can be real tough. These are the kinds of kids that have already been through the system, they have already been through a mental health setting, they've already been through jail or detention several times and now they're coming to different programs and looking for help. It's hard work. It hurts a lot. And we're all lucky that there are some dedicated people at the community level who are willing to do it.

I had a section about some statistics and you can read through that. I'll just make one point from that and that's that we all know that national attention has been focused on Gallup recently. There's been graphic images on TV of chronic alcohol abusers passed out in street gutters.

That's good, it gives some human feeling to it, but that's not the whole problem. That's not even the biggest piece of the problem. It also serves to reinforce several stereotypes that I think are dangerous.

Alcohol abuse is portrayed as an Indian problem and also one whose inevitable result is chronic alcoholics laying in the street gutters. And not only do other people buy into this, but also children buy into it.

I recently had a 15-year-old boy with injuries in the emergency room, sewing up a laceration, he had been drinking, and he looked at me and told me what he thought of himself by what he said. He said, "Hey, doc, you just think I'm another drunk Indian, don't you?" And here this 15-year-old boy had already bought the stereotype.

He already bought the whole thing. And that hurt me a lot that he had that self image of himself; that he had already bought every little piece of that. And we need to think about what we're doing by playing those images and not some positive images as well.

I believe this problem is not unique to Indians or to any ethnic group. Studies of drug abuse among students anyway shows similar rates of "ever using" drugs among all ethnic groups, including Native Americans. But the difference is that the burden of substance abuse and alcohol falls more heavily on Native Americans, with higher rates of alcohol-related deaths, accidents, homicides, and suicides, even though they're using at similar rates.

And when we talked before about why that may be, there are a bunch of statistics, and just to quote one or two: Actual rates of alcohol related accident mortality are among the highest in the Nation at 156 per 100,000. This is five times higher than the U.S. average. We have certain rates of seeing people in the hospital for certain problems, but that's only a piece of the problem.

We can see that when we start asking kids questions. The public school system in the northwestern corner of New Mexico, Central Consolidated School Districts, did a survey of all kids grades 4 through 12. And they reported in the past 12 months, this is every kid, not just high school kids, but all kids grades 4 through 12, 24 percent reported being injured with a weapon in the past 12 months.

That's a lot; one out of four kids. We don't see that many. That means a lot don't come in. Thirty-nine percent reported being injured on purpose by someone else without a weapon. That's a lot of violence. Much of the violence related to alcohol and drug abuse comes out in the home. There are woman shelters where over two-thirds of all the admissions are related to alcohol and drugs.

One comment that I made that relates to what's going on here today is that when we work with clients, one thing that is tempting is to start imitating their behaviors. We know and counselors dealing with substance abuse clients know patterns of behaviors which occur. And that's why it's commonly known that alcoholism is a family disease.

If we're going to make progress, all of us have to avoid imitating our clients. We need to model responsible adult behavior. Denial, it's not our problem. After the recent 20/20 TV series on Gallup, the next day the paper carried a story in which a City Counselor was quoted saying, "Well, let's place the blame where it belongs, directly on the Navajo Tribe."

Denial says that it's somebody else's problem; it's a "blank" problem. I don't care, just fill in the blank with Native American, or any other group. What we need to know is it's our problem.

I think we're coming to a chance where we have an opportunity to achieve a national consensus that it is our problem and we all need to do something about it. Blaming and scapegoating other people like I was describing goes on—and we're all susceptible to falling into the blame for that. "Don't talk" is one of the rules of an alcoholic family.

Communication between agencies, Federal, State, tribal, local, and even within those agencies often follows that pattern. We need to learn to be a little more open.

For one specific example, in our own community when I began working my job, there were prevention specialists working for the BIA and the public schools writing prevention curriculums who were two or three blocks apart and they had never met each other. This is a small place. They should have been talking.

The tracking system as required on this act require agencies to communicate about their clients. We have to communicate to be effective, but in our community that hasn't worked as well as attributed.

"Don't feel" is another rule. In the Navajo grammar discuss so-and-so's son who was killed in an alcohol-related accident yesterday and he stuck in there that there is nothing to be done about it parallels the wide-spread belief that government on a local, tribal, State, or Federal level is really powerless to do anything about alcohol and drug abuse.

The fact that local community groups have been encouraged to meet, plan, and work together against substance abuse is perhaps to me the most significant impact of the Omnibus Act.

I'll just describe a couple of programs. The treatment center in Shiprock will be a new 24-bed in-patient substance abuse treatment facility for adolescents, mostly for Navajos, but other Native Americans from the Four Corners will also be served there.

We learned a lot of lessons in this. One is the need to start a new program from scratch has caused a lot of problems. Governments, in general, any organizations, have a hard time adapting to something new.

Adapting government contracting systems within the IHS, within the tribe, and any level of government has a lot of frustrations and delay in trying to get the center opened. One example is that the Board, which is made up of community individuals committed to this and unlike a major corporation or a university or large institution, doesn't have the personal resources or funds to spend on operations and then be repaid on a cost re-imbursement basis.

But when a contracting system is set up on cost reimbursement and that's what's offered, that whole system comes to a grinding halt. While all the people involved from the congressional level to IHS to tribes to local are committed to opening a quality treatment center, frustration is implemented into the system and proves that good intentions don't guarantee a program success.

On the positive side, planning for the center brought together people from the local community, tribal programs, IHS, and BIA staff designed four years ago to begin a long process of application proposals. There has been a great deal of cooperation on the part of agencies who have a history of antagonism.

This local board has a stated policy requiring members to be committed to the problem of substance abuse and avoiding politically motivated members. In our small community where unemployment rates are over 40 percent, the amount of money involved in running a treatment center is tempting to those who wish to exercise and gain power.

I believe local community groups need to be able to resist those temptations and remain committed to the problem. And I think we've done that. Two Grey Hills in northwest has a small substance abuse program. I believe they illustrate the possibility that the Omnibus Act gave to small communities to take on their own solutions to this problem. And I can't think of a better example of a smaller scale successful program.

In Shiprock I'm personally most proud of the Teen Life Center. That's a center that was opened in May 1988 to provide individual and group counseling services, community education and workshops, and primary preventive health care for adolescents and their families. It's open to all programs working with young people.

We try not to make it an IHS Center or a BIA Center that's run by the tribal agency. That's a new thing. It's not somebody's job, it's a shared thing. It's managed by all the people that work there in representing each of their agencies.

So far there has been a whole list of people who have used it and that's included in the testimony. Initial funds for that were obtained through an IHS demonstration project. That was in fiscal year 1987. I think the cooperation of the programs there and opportunity to provide community education have been some of the best—a compliment to that program.

The management team representing the IHS, BIA, tribal, and community programs have been very encouraged by the House of Representatives 1990 IHS budget proposal which includes 5 million for IHS, including teen centers.

The last point in terms of projects that I'll make is about after-care. When you look at what's going on today and the attention paid to drug abuse there is a lot of spoken and action about interdiction and about law enforcement. The Omnibus Act included attention to prevention and treatment which I think is important and needs to be included.

After treatment comes this big void, as mentioned earlier, that kids are sent back into the same environment in which they developed the problems. After-care is a very important piece of helping these kids to stay drug-free and to stay sober.

We know from the scientific side that participation in after-care activities is the single most important thing in predicting who will remain sober or remain abstinent from drug use. It's more important than getting them into a 3-day treatment program, a 30-day, 45-day; as long as we can get them into an after-care program and participate their chances are much better.

We are beginning, just this month, a Navajo after-care project that's funded through the office of Human Development Services as a profit or non-profit to provide adequate services for kids after they get out of our community treatment center. We're excited about that.

We're excited about the chance to do some things beyond just counseling, to take these kids and do activities which will build their self-esteem and build their trust within their group, their ability to deal with other kids without reverting to the same patterns of drug abuse and alcohol abuse that they were in before.

Finally, to sum up, comments by Secretary Kemble about the need for evaluation, a lot of money goes into treatment, prevention, and education. And we all would like to do something about it. In certain ways evaluation is pretty decent; the patient does better or they don't. You can look and see how they do.

In drug and alcohol abuse it's very frustrating and difficult to do the evaluation. We all are able to amass statistics about how many kids were arrested, how many kids went into treatment program. Those kinds of statistics are used to justify the programs that we develop.

We need to continue to amass these statistics in order to see whether they are making an impact. I would say it's not just the number of chronic alcoholics passed out on the streets that determines whether our program is succeeding. It's rates of alcohol and drug-related school failure, juvenile and adult arrests for alcohol problems and drugs problems.

Accident rates, injuries, deaths, family violence are measures of the burden of alcohol and drug abuse at the community level. And I would hope that in the future Federal programing on alcohol abuse and drug abuse attention is paid to including evaluation in any program. Because we all need to learn from each other and find out what's working and what's not to be able to share the positive things.

The summary of the recommendations that I would have would be to continue support for the prevention and education programs; to consider that beyond what's currently re-imbursed as counseling services. Recreation centers, physical fitness and wellness are also forms of prevention.

And there must be some kind of way of being able to support those kinds of projects. We need to facilitate the involvement of families in the treatment process. We need to encourage and develop effective after-care. We need to stress the importance of alcohol violation and all substance abuse efforts.

And then finally, in order to model adult behavior, I think we need to set up some kind of regional or some kind of meeting involving Federal, State, local, tribal officials to include the community in cooperation on services to you. Community involvement is the one key that will make our programs succeed or fail.

I'm very encouraged by the recent decreasing rates of alcohol and drug abuse perhaps among the Indian people and I hope that

that may be the start of a real trend. The Nation's attention has been turned to this problem of alcohol and drug abuse now.

All of us concerned should seize that opportunity to develop innovative and effective programs to meet the challenges of this problem. It's killing our people, destroying our families, and paralyzing our communities. The patient is sick, the patient is our communities. But if we work together there is hope that the patient will be healed.

Thank you very much.

Senator BINGAMAN. Thank you very much, doctor. And I would like to publicly thank you for the briefing that I got when I was in Shiprock and was able to visit your center. I compliment you on the progress and success of your programs.

Next, Robert Udero is a drug counselor with Youth Development, Inc., and he is here representing Chris Baca. We are very pleased to have you here, Robert. Go right ahead.

TESTIMONY OF ROBERT UDERO, REPRESENTING CHRIS BACA, EXECUTIVE DIRECTOR, YOUTH DEVELOPMENT, INC.

Mr. UDERO. Senator, thank you. Mr. Baca was called away to another meeting and wasn't able to attend and he asked that I read something for him and comment as a substance abuse counselor on Teatro Consejo and their efforts.

My observations of the last 20 years I've had as a substance abuse and drug counselor in this community. I should start with Mr. Baca's statement entitled "Troubled Youth, Societies Failure." In my role as an assistant director for the largest private non-profit provider of services to troubled youth in New Mexico, I have often marvelled at how many of these young people survive their youth and their circumstances.

In my talks with service groups they are told to imagine that they are a child and they are living in the following scenario: You are 8 years old and live with your mother and stepfather in a one bedroom rental apartment. Your parents are unemployed, your stepfather drinks heavily and often physically beats your mother. He also climbs into your bed and does things that you know are not right. You feel funny about this, but you are afraid to tell your mother.

Sometimes during your growing-up period, one of your younger stepbrothers dies from a severe beating inflicted by your stepfather. He is convicted and spending time in jail. Your mother continues to take care of you, but she has had two or three boy friends and has had another child from one of these men. Your attendance in school and your performance in class are not among the most important activities.

Despite these facts, you are the most mentally healthy member of your family because you have made it this far. Your sister is in the Girl's Home and one of your brothers is at the Youth Development Diagnostic Center for 90 days evaluation because of the residential burglaries and drug consumption.

I then pose a question given these circumstances, "Would you be where you are now if you had been through all that?" This usually brings attention to the point where they begin to appreciate the young people that we and YDI serve.

The scenario which I describe is a very common case and if you ask a State social worker or non-profit abuse service provider, I am sure that they will concur that this is the type of client that they see far too often.

Given this grim reality, what is surprising is that so many of these young people are able to function at all. Sigmond Freud said that denial is a coping mechanism that we all use to keep living a normal life. For some of these young people the hardest part of living is accepting the awfulness of their situation and still believe in a better future.

It is no wonder that so many escape reality in drugs or express themselves in violent means. While this does not excuse their action, it helps us begin to understand the root cause of all adverse children and the complexity of the problems and the diversity to help these youth.

During my 16 year tenure what I found most surprising was a shock of their personal problems were, first of all, is how resilient these young people are. Most show up at school or at work with some degree of consistency and then they are too battered or bruised physically or emotionally.

It is these times that these children come to the attention of schools or State officials. If it weren't for these instances no one would ever know that these young people are living in a war-zone world.

Too often society views these children as spoiled brats whose parents have given them too much freedom and who are just too lazy to discipline them. While the parents may be at the root cause of these youth problemized behavior, our inclination is to view them as overindulged and need a firm kick in the rear. This view gives rise to our intent to correct these children via incarceration or some other form of punishment.

This inappropriate response to the problem doesn't help the youth at all. One only needs to realize that the immense failure of the correction systems is to understand that we are putting billions of dollars into the most costly and least effective means of righting these children. The last thing they need is more blind punishment. That is what they have gotten most of their lives from adults and that is what has gotten them to where they are at.

This may be branded as in part political. I believe that these youths need to be held responsible for their actions. Whoever they have wronged or hurt needs to be compensated. Firm discipline is necessary, but not without an equally firm dose of caring and attention.

In our society where it's best to show how tough we are, we tend to forget to view these children as children. We heap abuse on the abused and then we wonder why we have such miserable failures in rehabilitated troubled youth.

Panel members, Congressman, Senator, in the 20 years I have been involved in this community as a substance abuse counselor, I have seen many things that have troubled me; decapitation because of substance abuse, sexual abuse.

Probably one thing that troubles me most at this point, 10 years ago I walked into a home to visit a paint abusing sniffer, a paint abusing client of mine, she was babysitting in the house a 5-year-old daughter of her roommate's, a college roommate. Once she was told that I was there and she would be right out, this 5-year-old child proceeded to pull out a tray of marijuana from under the couch. She then rolled four marijuana cigarettes, two for herself and two for her mother.

That was 10 years ago. I wonder where that child is now. We have these kinds of problems and we hope to use peer models to educate the people. However, like the problems in Colombia now, our problems aren't totally in the supplying. We are building our own supply. We have a new form of methamphetamine called ice. It's smokable, it's very abusable, it's very fatal.

Senator, several years ago, in 1984 I believe, I was on the Board of Directors of the Community Health Center. We went to lobby on behalf of the Community Health Center. Do you remember that time? As a matter of fact, I know you were there because we were talking to you that afternoon.

The news of a new drug hits the streets. It's a designer heroin. It's a form chemically akin to Demerol. We don't need Colombia to supply us, we are building our own supplies here. Our answers to these substance abuse problems is not Colombia, it's with us.

We need to educate our children. We need to educate ourselves. We need to prevent more substance abuse problems. We need to start in our own front yards.

I wonder where that 5-year-old child then, 15-year-old now, I wonder how she's doing. We should be able to reach some of these kids. We are trying to use this theater to show the community the gravity of this issue and it is fatal.

These are fatal issues we are facing and they are not going to go away, they're not going to stop until we continue education, prevention, and treatment coupled along with legislation, enforcement and also some sort of interaction with countries like Colombia.

In last 20 years I've seen—I've been a drug counselor. I think we all know the gravity of the substance abuse issue and we need to band together as a team, legislative enforcement, treatment officials, doctors, lawyers, judges, and trample this problem as a team. We are not going to do it as individuals.

We have charted a grass roots movement to attack this problem, but we don't want to step on any shoe laces. We need to attack the whole issue. We need you, you need us, we need the community, we need to act as a team or else we will fail. We will continuously fail.

Thank you.

Senator BINGAMAN. Thank you very much, Robert, for that excellent testimony. Next we're going to hear from Joseph Quintana who is a substance abuse counselor at the Santa Fe Indian School. We're very pleased to have you here, Joe.

TESTIMONY OF JOSEPH V. QUINTANA, SUBSTANCE ABUSE COUNSELOR, SANTA FE INDIAN SCHOOL, SANTA FE, NM [1]

Mr. QUINTANA. Thank you. I was getting cold and to be honest with everyone, I was very anxious to receive the microphone. I usually don't like to talk into a microphone, but my hands are getting cold and this microphone is nice and warm.

Aside from that, I'd like to say good afternoon to Senator Bingaman, Congressman Schiff, all the panelists and all the participants that are out in the audience.

First of all, because of being so proud of the Substance Abuse Program that we have at the Santa Fe Indian School, I'm going to describe to you briefly, what we do in our program and how we try to involve our students with all aspects of substance abuse concerns and other matters that regard life itself. In respect to that statement, I'd like to introduce two students that I brought down with me, to experience what goes on with this type of testimonial hearings. I'd like for them to please stand and be recognized. We have Denise Dorame, who is from Tesuque Pueblo and a senior at the Santa Fe Indian School and Shannon Douma, who is from Laguna Pueblo and a junior at the Santa Fe Indian School.

Senator BINGAMAN. We're pleased to have them here.

Mr. QUINTANA. I am the Substance Abuse Counselor for the Santa Fe Indian School High School Program, but also work with our Mid-High School Program. Our school covers grades seven through twelve. At this time, we have approximately 550 students at the Santa Fe Indian School, which is a boarding school. And we're very happy and feel fortunate that we're able to be here. I am from Cochiti Pueblo and have been with the school since the middle of the 1983–84 school year.

I'd like to express my gratitude and appreciation to our Superintendent, Mr. Joe Abeyta, who gave me this opportunity to come down on his behalf and on behalf of the Santa Fe Indian Shool. I'd like to go ahead (knowing your tight schedule) to explain what we do within our program and some of the answers that we've come up with in regards to the substance abuse concerns and issues.

In our substance abuse program, we have a number of services that we provide. In the counseling area, we provide individual, group and family counseling. I'm glad to note that we also have in our program, in the Academic Department, a peer counseling program. I would like to encourage other schools to try and develop a program of peer counseling for their youth. I feel it would have a big impact in their schools.

It was mentioned earlier that there have been requirements by other school boards that substance abuse education be taught in their schools, but at times, it seems to be forgotten. It's important that we emphasize the need for this type of education and peer counseling, which has worked very well in our school.

We're also involved with intervention, where we deal with referrals that are made through tribal courts, families, friends and other outside agencies. In regards to this concern that was talked about earlier, I feel that by networking, there are resources out there we can work with together.

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[1] See p. 74 for Mr. Quintana's prepared statement.

We talk about monies, but we also need to have that sincere dedication from all of us, from administrations down to the laborer, to the lay persons. We need to work together for the benefit of all our youth.

One of the issues that have come up in schools is, unfortunately, an attitude by some staff, that substance abuse and/or support counseling is not their job. This occurs especially in the academic area where some say, "Well, we are not here to work as counselors, we were hired as teachers." I feel that education is necessary for the teachers and all pesons concerned, in any school system and facility throughout the nation and the world. These are some of the comments I wanted to make in regards to the education process on substance abuse.

I am happy to say, in regards to our Santa Fe Indian School staff, we try to acquire as much in-service and training so that, we can have a better understanding of the students we are working with, in providing them the best quality care and services the school has to offer. We also do our best to provide a warm and caring environment for them, as well as their parents and others.

Because I'm proud of what we've done and continue to do at the school, I'd like to share some or our statistics, to give you an idea of how we feel we have been successful in the area of substance use and abuse. There's still a lot of work to be done, but we've come a long way. From the tenth through the twelfth grade in the 1982-83 school year, we had a total of 263 substance abuse violations. Most of these were alcohol and marijuana violations. In 1983-84, we had 143 substance abuse violations. Last school year, I'm proud to say that from the tenth through the twelfth grade, we had a total of only 72 substance abuse violations. So there was a tremendous reduction since the beginning of the 1982-83 school year. These statistics are documented in the graphs that we made available in our written testimony.

Some of the improvements that have been made in our Substance Abuse Program are, as I mentioned earlier, staff awareness through continued in-service, and also implementing support counseling, alcohol and drug education, which afforded us more understanding and knowledge, so that we could better serve our students.

We have a Student Rights and Responsibilities Handbook that has been put together by the staff and students at the Santa Fe Indian School. And it always helps to let our children and students know the expectations that our school has regarding substance abuse violations and what the consequences would be if they do occur. As a school, we go to an extent of referring students, if needed, to an in-treatment facility, with the understanding that they would be allowed to return after their discharge from the facility, upon successfully completing the program. During this period of time, arrangements are made by the Substance Abuse Counselor to insure that the students continue their school work while in treatment.

I have had contact with many other schools, where their immediate solution was to dismiss the student. At the Santa Fe Indian

School, we feel differently in regards to the maximum number of substance abuse violations allowed and try to make the student understand that we want to work with him/her. We afford them every opportunity to remain in school to continue their education. At the Santa Fe Indian School, we usually allow three substance abuse violations, depending on the situation. When a student is written up for a substance abuse violation, we put them on a nine week treatment plan, which includes being on different restrictions, we provide counseling for the student and family; and we involve the student in alternative positive and productive activities. During the nine week treatent period of time, there is an assessment and evaluation made on the student.

We also have an Intensive Residential Guidance (IRG) Program, which is for high risk students who might leave school for one reason or another. Also, we are very fortunate that next door to us, we have the Santa Fe Indian Hospital, were we make use of the mental health staff, physicians and facilities that are situated there.

In working with our students, we use the holistic approach and by that, I mean that we look at all aspects of our students and try to encourage and to teach them the importance of our culture and our traditions, as well as how to survive in the community, state, nation and the world. As Indian people, we encourage these things, but I think it's true for all races. Because of what we call progress, we've gotten away from many of our values as families (togetherness). And it's important to get back to those basic principles that all our forefathers had and believed in.

A lot of people say that we lost some of these important values, but I believe that they were not lost, just put aside. It's very important that we teach our young people (all races) to have pride in who they are and how to live together peacefully. And that is one of the things we do at the Santa Fe Indian School.

Because of this and the consistent quality of counseling, we have created a positive grapevine effect in that, we have many students coming in to speak to us on a voluntary basis. And so in effect, the students are doing their own prevention and intervention. And we are all very proud of that!

There are other things that I could go on about regarding the Santa Fe Indian School, but I would like to cover some of the issues and questions asked concerning substance abuse and related concerns. Again, I'm real excited that I may be able to present some of these things to all of you here today.

One of the concerns dicusssed earlier was about the Federal, State, and Local solutions to drug abuse and drug related crimes and what kept coming up was the lack of monies, which is very true. We definitely need more construction of adolescent treatment centers. An example I'd like to mention is the New Sunrise Regional Adolescent Treatment Center at the Acoma, Canoncito, Laguna Hospital. When it was opened in June of 1988, it didn't take long to fill that facility and today, one year later, there is a long waiting list.

I feel nationwide, there is a necessity for us to have more adolescent treatment centers. Because of the lack of these facilities, there have been situations where a lot of young kids were sent to adult treatment centers. And I feel that there is a major program difference between adolescent and adult facilities. As for placement of youth, regarding drug related crimes, admission to in-treatment instead of incarceration should be considered.

We also encourage more parent involvement with alcohol/drug sessions, counseling and education. We do our best in giving responsibility to the parents as well. Many of the parents (especially single parents) need to be taught parenting skills and I feel this topic should be emphasized. We need parents to make more use of community based substance abuse, family life and health programs and to take the initiative in asking for (or even demanding) education in these areas.

Senator BINGAMAN. Joe, this is very excellent testimony and I feel very badly about having to rush you through it, but we essentially have three other people who are here to testify before we close the hearing and I've got to be across town by 1:30.

Mr. QUINTANA. I understand, Senator.

Senator BINGAMAN. Let me ask if you could just summarize your testimony in the next minute or so. We'll then call on Chris Padilla and the other two witnesses who are here to briefly summarize their testimony.

Mr. QUINTANA. Thank you. Regarding alcohol and drug education, we would like to see programs started within the early grades at the elementary level within the classrooms. I feel that substance abuse exposure (education) should begin as early as the Kindergarten and Head Start level.

An example is when I was a Substance Abuse Counselor in Cochiti Pueblo, before I went to the Santa Fe Indian School, I made presentations to students at this level and learned that when you talk to these young people about drinking and drugs, they know what is going on, but don't understand why. Some remarks expressed by them were, "Yeah, my mom and dad drink wine", "My dad, you know, smokes pot", and so on. These young kids are very aware of substance use and abuse in their own lives.

So I feel that the earlier we start educating our children, the better. And by the time they start their junior and senior high school years, they might not have the problems we see in many of our nation's youth, at that level. Then, hopefully, something positive will come about, so that we won't have to have these type of hearings and instead say, "We've solved the problem".

Other comments can be found in our written testimony.

Thank you again for this opportunity and I extend an invitation to all of you here today, to come to the Santa Fe Indian School to see what we have there, not only in the substance abuse area, but all the facilities and services we provide throughout our campus. We ask the Great Spirit and Creator to continue to guide and enlighten you and all the administration, in this problem that we have with substance use and abuse. Thank you very much.

Senator BINGAMAN. Thank you very much. We appreciate your testimony. Lieutenant Padilla as you summarize your statement I'd ask also that Caroline Gasten and Bobby Gibbs please come forward to offer your summaries as well.

If each of you could take about 5 minutes to really say what you have, we'll include the remainder of your statement in the record.

Again, I apologize for the time conflicts we're experiencing here today. Lieutenant, go right ahead.

TESTIMONY OF LT. CHRIS PADILLA, JUVENILE DIVISION, ALBUQUERQUE POLICE DEPARTMENT, ALBUQUERQUE, NM

Lieutenant **PADILLA**. Thank you, Senator, Congressman Schiff. Our project is a national program that covers 49 States and also five foreign countries. It utilizes police officers that receive 80 hours of training to go into the elementary grades and teach an educational drug program which consists of 17 weeks.

Drug Abuse Resistance Education teaches such subjects as how to say no to drugs, how to identify drugs, how to deal with peer pressure, and, most importantly, how to deal with the improvement of self-esteem to kids of today. We also deal with one other major factor a lot of cities are having problems with and that's gang activity.

Albuquerque has over 52 known gangs and the curriculum on the area of gangs is being further developed out in Los Angeles. The DARE program was designed in Los Angeles in 1983 in conjunction with the Los Angeles Unified School District and was brought to Albuquerque in 1987.

We recently completed training for 33 additional law enforcement officers throughout the state, two in Colorado and one in Texas. Our goal is to try to eventually have a drug-free school program that will bring drug-free schools that we can be proud of.

We know it is the number one problem. We also know that all the manpower and money that we can provide cannot solve this problem.

We have to educate our kids. We try to do it at the lowest level possible, starting with fifth grade in New Mexico, which is the prior grade going into the middle school.

The other program we have just initiated into the Albuquerque public school systems is educating the parents. The drug problem is in the home and the new program with the parents is a 5-week program that utilizes volunteers going in and teaching parents not only about our program, but a follow-up program on how they can identify drugs within their family, how they can deal with their kids, and be an overall better parent for their kids.

In conclusion, I'll make it brief since I've addressed you on this before. The biggest factor is finances. As we all know, it costs on the average about $25,000 to $30,000 a year to house a person, incarceration. DARE, on the average, costs less than $100 per child.

That right there tells you that education has to be the start. We all know that education has to be the start since we all go through it. But the cost factor right here identifies what difference we can make in trying to eventually make this a drug-free country.

Thank you, Senator.

Senator **BINGAMAN**. Thank you very much. And I was fortunate earlier this week to get a much more complete briefing by Lieutenant Padilla I recommend to anybody interested in this program that they contact him about the details. I think it would be very interesting.

Caroline Gasten is our next witness. She is a person I've come to know in her position as a principal in the New Futures School. She now holds a new position which is also very challenging. I'm sure she will make a national reputation for herself in that as well as she has in the previous position. We're very pleased to have you here.

TESTIMONY OF CAROLINE GASTON, STUDENT SUCCESS ADVOCATE, ALBUQUERQUE PUBLIC SCHOOLS, ALBUQUERQUE, NM [1]

Ms. GASTON. Thank you very much, Senator Bingaman. It's a pleasure to be here today. I appreciate the opportunity to testify here.

I'm now the Student Success Advocate for the Albuquerque Public Schools. That means that my role is coordination with various at-risk programs but really, more than coordination, planning, motivating, accessing resources, and, in general, keeping the attention focused on the needs of at-risk students in the programs throughout the public schools and in the community.

In my written testimony today, I suggested a somewhat different approach to prevention, although it's what I've heard several people discuss here today: Positive attention on the whole child rather than trying to treat individual items such as prevention of teen pregnancy, prevention of substance abuse, prevention of suicide.

Those things are symptoms; they're not the basic problems themselves. They're symptoms of children who feel that they have no value; of children who feel that no one likes them so they don't like themselves; of children who see themselves as failures and that becomes a self-fulfilling prophecy; of children who perceive that they receive no respect from significant adults, so they respect themselves very little.

And if you treat any of those things as isolated phenomena, then the problem is just going to break out in another way.

I suggest in my written testimony several types of legislation that I think would be helpful in this area. One major area has to do with early childhood program models such as Head Start, such programs as the Perry Preschool program in Ypsilanti, Michigan.

The City of Albuquerque is currently competing for a Comprehensive Child Development Plan. We hope we can get that. We will be serving 60 high-risk families with children under the age of one in each of the Multi-Service Centers in the City of Albuquerque.

I also can't forget to urge you to support comprehensive services for adolescent parents, because I do believe that that is a way of preventing substance abuse activity for two generations of children.

I also support legislation to improve the education for at-risk youth. There was a section in the 1988 Amendments to the Elementary and Secondary Education Act that focused on dropout prevention. But so far none of those monies have come down to New Mexico.

There are a number of educational strategies that can improve the success of at-risk children: reaching all children in the schools using teaching strategies to incorporate different learning activities because all of us learn in different ways; using classroom activities in which children become workers instead of listeners and the teachers become resources; using remediation activities which teach subjects in different ways rather than to repeat the same lesson that the children failed to learn from earlier.

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[1] See p. 80 for Ms. Gaston's prepared statement.

I think the schools can establish stronger links between home and school, as the APS elementary schools in the South Valley are doing with their new Juntos Para Los Niños program. Teachers can become sensitized to the importance of small things by smiling and calling each student by name, and showing students in a variety of small but meaningful ways that teachers really care about them. I think that the year-around education programs that APS is starting are going to do better for a lot of at-risk students because they have less time to forget things during the summer. These are just a few of the ideas that educational reform can do to improve the success of at-risk students and thereby reduce the rate of substance abuse.

I fear that too often in the past when we said education reform, then we raised expectations. And that's good if it means that teachers expect that every child can learn. But if it means that the child who could not jump a 4-foot high bar last year is now going to be expected to jump a 6-foot high bar this year with no difference in teaching and no additional help, then raising expectations is a rather counter-productive activity.

It's not in my written testimony, because I thought somebody else might be here, but I do support the concept of an alternative school for those young people who are committed to recovery from substance abuse. You've probably read in the paper that I served on the State Memorial Committee to look at that and our committee did recommend that we establish in New Mexico a pilot project for an alternative school that is a kind of halfway house for young people who are committed to recovery from substance abuse.

I believe that we have to measure the outcomes for all of these activities. We have to be accountable for tax dollars spent. But I also think that elected officials have to realize that these are children and not products and sometimes you don't get results for a period of time.

The early Head Start results were not good in the first few years after children participated in Head Start. It took a number of years before these areas measured in a manner that Head Start comes out as a positive deterrent to future problems.

As I serve on a number of committees throughout the state that look at various kinds of children's problems, we've come to realize that the same ideas are heard over and over again. These ideas revolve around the belief that prevention must start at a very young age. I believe that it starts in the prenatal period.

The family, community, and school must work together to solve problems and to support each other, and to realize that each child needs to feel valued, respected, and successful, that if they don't find that value and respect and success in what we regard as positive ways they're going to find it someplace else. The cost of prevention is high, but the cost of not preventing is much, much higher.

Thank you.

Senator BINGAMAN. Thank you very much. I appreciate that excellent testimony, and, of course, your full testimony will be included in the record.

The final witness is Mr. Bobby Gibbs who is the Executive Director of the Boys and Girls Clubs of Albuquerque. I know about the excellent work that your organization does and am pleased to have you here.

TESTIMONY OF BOBBY GIBBS, EXECUTIVE DIRECTOR, BOYS AND GIRLS CLUBS OF ALBUQUERQUE, ALBUQUERQUE, NM

Mr. GIBBS. Thank you very much, Senator and Congressman Schiff. And I appreciate the opportunity to be here. I have been directly involved in working with youth for over 30 years; the first 12 years as a teacher/coach and summer recreation leader at a community center.

Since 1970 I've been the Executive Director of the Boys and Girls Clubs of Albuquerque which is a charter member of Boys Clubs of America. In addition, I've served as the Executive Secretary of the High School Coaches Association. This is an organization that has a membership of over 800 high school coaches in the State of New Mexico.

My work with youth has been exclusively in the areas of Social and Character Development. Therefore, my involvement relative to the drug abuse problem has been primarily directed at prevention and education.

It has been my experience that the problem of substance abuse is one that involves and affects all social, economic, racial, and cultural elements of our communities. Therefore, it is a total community problem. No segment of the population is exempt from the ravages of substance abuse and related crime.

Our thrust in education and prevention of this serious problem should be directed at youth between the ages of 5 and 13. As research has verified, it is at these ages that we have the best chance of developing and impacting their personality and character. We must give our youngsters alternatives to deviate behavior and opportunities for constructive use of their leisure time.

This is where the Boys and Girls Clubs, Community Centers and other youth serving organizations can address this problem. But often these agencies are faced with the lack of financial resources to move into other parts of the community and to develop a wide range of activities and programs that will attract and keep the interest of youth.

Some of our young people need praise, some need discipline, some need companionship, some need acceptance, some even need love, and some just need an opportunity to play in a secure and wholesome environment under the guidance of mature adult leadership. Our philosophy and mission at the Boys and Girls Clubs is to try meeting these needs.

It is a fact that many social and welfare organizations have fallen by the wayside because they were created or became too dependent upon Federal, State, and local funding.

As I'm sure you realize, most of these resources are no longer available. Therefore, I caution the operational funding of drug prevention programs and more specifically the creation of new agencies to address this problem.

My recommendation is to direct governmental funding at community based organizations that have a history and proven record of providing services to youth. These funds should be directed at organizations for capital development and improvements of their facilities and staff training opportunities.

In conclusion, I feel there is another area that does and can have an impact on the prevention of substance abuse and other related problems. This is through our schools' extra curricular activity programs. When a school district faces funding difficulties, the first thing they do is cut programs in this area.

Statistics have proven that extra curricular activities help keep our youngsters in school. And students that do participate in these programs have better grade points, successfully complete school, and are less susceptible to many of the problems faced by our youth. Therefore, I feel this is an area that should be explored in our efforts to reduce drug abuse and drug-related crime among youth.

Thank you for the opportunity.

Senator BINGAMAN. Thank you very much. And I again apologize to these two witnesses and all the other previous witnesses for rushing them through their testimony. I also apologize to Congressman Schiff for not having scheduled enough time for us to really pose questions.

Congressman SCHIFF. You probably kept me out of trouble.

Senator BINGAMAN. Not so. I'm sure your questions would have been enlightening. I have some myself that I would like to explore. I think in future meetings and future hearings we can go into greater depth on some of these issues.

I think that the testimony we received has been excellent. I think the problem is agreed upon. Yet as Dr. Percy indicated, we still need to develop a consensus on the solution. I have a closing statement that I'll submit for the record and not go through at this time.

[The closing statement of Senator Bingaman follows:]

CLOSING STATEMENT OF SENATOR BINGAMAN

I would like to thank each of the witnesses for their testimony, candid opinions and recommendations. I'd like to express special appreication to the members of Youth Development, Inc., for their participation in today's hearing. And, I also want to thank the members of the audience for their interest and attendance.

I believe that we've accomplished a great deal today. We've all gained a much greater understanding of the efforts being undertaken at all levels in our state to address the very serious drug epidemic that is threatening the health and well being of our communities, and our children in particular.

We've heard from representatives of a number of organizations who have provided valuable insights into the programs that they administer and have offered important recommendations for advancing these efforts. The guidance that we've received regarding the development of new programs is important and will not fall upon deaf ears.

Federal government support of drug prevention and education efforts is absolutely necessary if we are to begin to control this epidemic and protect the youth of today and those of subsequent generations. It is clear that we must all work together in this effort if it is to be successful. The information and recommendations that have been provided here today will be conveyed in earnest to my colleagues in Washington.

Again, thank you for your attendance. This hearing is now adjourned.

Senator BINGAMAN. I again thank all of the participants in today's hearing and thank Rio Grande High School for allowing us to use their facilities.

All right. Thank you again.

Congressman Schiff, did you wish to make any closing statement?

Congressman SCHIFF. No.

Senator BINGAMAN. We appreciate you being here very much. Thank you all.

[Whereupon, at 1:15 p.m., the Subcommittee adjourned, subject to the call of the Chair.]

APPENDIX

TESTIMONY BEFORE THE SENATE GOVERNMENTAL AFFAIRS COMMITTEE SUBCOMMITTEE ON GENERAL SERVICES, FEDERALISM, AND THE DISTRICT OF COLUMBIA

Mr. Chairman, Members of the Committee:

I am Robert Kemble, Cabinet Secretary Department of Public Safety, State of New Mexico. With me is Ms. Jackie Riggs, Secretary of Youth Authority; Ms. Beverly Jimmerson, Health and Environment Department; Dr. Jeanne Knight, Department of Education; and Angela Adams, Human Services Department. To conserve your time, we are providing a joint opening statement. We will, individually expand on this statement and be pleased to address your questions.

To put our testimony into more meaningful context, it may be helpful to provide a little background. Without the dismal statistics, be assured that New Mexico shares the nation's drug problems, and with some particular exacerbations in this large, culturally and topographically diverse state--a state which sits astride a major international trafficway of drugs entering the U.S., which has some 12,000 miles of "pipeline" highways, and whose remote areas invite cultivation and production of illegal drugs.

In recognition of the need for better focus of state efforts, last Fall the Governor directed me--in addition to my responsibilities as Secretary for DPS--to be the overall Coordinator of the New Mexico Drug Program, both for demand and supply reduction efforts. As with some other states, New Mexico is already well underway in establishing a comprehensive centrally coordinated drug control and substance abuse program parallel to the federal plan. We point that out because--before making the inevitable observation that we are not yet winning the drug war and that substantially more resources will be needed to do so--we want you to understand that we are making strong efforts to maximize the returns on the state's overall resources and talents directed toward drug control.

The machinery for those endeavors is, in part, established by the New Mexico Drug Control Plan of which I have provided some excerpts for this discussion. (I will leave copies of the entire plan for your perusal.) That plan was unanimously adopted by the New Mexico Legislature this Spring.

Suffice it here to say that the plan is merely a general blueprint for an integrated, non-partisan approach to the problem. Moreover, the plan is built for the long run because winning the drug war, here or in the U. S. at large, will not be accomplished in a single administration. Plans and programs must carry forward with smooth continuity and non-partisan effectiveness through changes and in both federal and state governments. But while establishing the strategy and machinery for the long run, we are also striving to move quickly in bolstering current endeavors in order to reduce and contain the problem.

Within that context, let us move to the matters in which this committee indicated your particular interest for today, i.e. prevention efforts, with particular focus on youth. Let me start with some general observations.

(1) We need to keep in mind that "demand reduction" and "prevention" of substance abuse are highly complex, multi-faceted endeavors embracing overlapping activities. In comprehensive reduction programs, public

awareness, family involvement, school directed preventive education, early intervention, treatment and follow-through, and criminal justice deterrence are all important ingredients, and they often overlap and reinforce each other. The point here is simply that we need to be cautious in neatly compartmentalizing our responses to multi-dimensional problems.

(2) There is already much good "preventive" work being done in New Mexico--although until recently, often uncoordinated. Our Office of Drug Control is in the process of inventorying for management purposes those efforts and we have been duly impressed with the range of hundreds of programs of all shapes and types already in place. As just one example, our schools are generally to be commended. With a relative pittance of per capita support from the federal and state governments, (approximately $3.00 per student from the DFS funding at the local school level) many schools have created at least partially successful prevention programs. The pattern is admittedly checkered but the momentum is certainly in the right direction. We are guardedly optimistic that a student survey to be conducted this Fall will show a leveling off, or even better, a reduction in use. There is great potential here for further progress, given stronger support. The D.A.R.E. program which, as you know, uses law enforcement officers in the classroom to teach drug and alcohol abuse prevention is another example of progressive efforts being adopted widely around the state and receiving high praise.

3) Coordination and cooperation are improving. Part of that cooperation has been simply a growing awareness of colleagues working toward similar

goals and increasing efforts to be mutually supportive. Part has been through the encouragement of such organizations as the Southwest Regional Center for Drug-Free Schools and Communities--along with others.

More recently, coordination has been facilitated--and we are confident will be even more so in the future--by the mechanism of the New Mexico Drug Control Plan. One of two operational advisory bodies (The Governor's Substance Abuse Advisory Council) shown on the organization chart before you addresses "demand reduction" efforts in its many postures. You can see from the sectors represented by that committee, the potential for cooperative interaction. That body has been meeting regularly and is already influential. Among other efforts, they are developing model community-wide prevention and reduction plans, a copy of which I am leaving with you. Those community-wide plans, as you will see, marshall the influential community leadership from city government the schools, churches, civic groups, businesses, local law enforcement, private organizations and others.

(4) Treatment programs are important, are indeed a moral obligation, but they need to be more result-oriented and strengthened in their post-treatment capabilities. As Dr. Bennett has pointed out nationally, we need to know better what works and exploit those programs rather than continue to shotgun our resources into a variety of areas, many of which have a far too high recidivism rate. Of particular interest to us is the area of adolescent assessment which is very inadequate at the present time. Additionally, families (or surrogates) must be involved in the follow-through and there must be changes in the environment in the

post-treatment period to assist former youthful addicts from reverting to earlier habits.

With those general observations in mind, let me discuss the role of federal funding. In New Mexico in the past two years, federal funds have been deployed generally as follows. Through various grants, as reported by the state's departments represented here, these figures apply by functional area for the year 1988. (They do not include Indian Health Services funds for New Mexico.)

(1) Grants related to treatment, totalled about $3,805,000;

(2) Grants related to education, including intervention and prevention activities, totalled about $2,203,000;

(3) Grants related to law enforcement were about $650,000.

These figures have been fairly consistent in the treatment and education areas over the past three years. The law enforcement portion for 1987 and 1989 were closer to $1,000,000. As you can see, the weight of federal support has been stronger in the treatment area, but we must recognize the unit cost for treatment is understandably higher than for other areas.

The monies from the '86 and '88 acts have been expended in this state, and I expect most states, in pretty much the same way as they have for a number of years. Too often, rather than being directed by an overall state strategy, the funds have been expended based on the definition of available grants. Those monies have certainly done some good, but we are in agreement that--with your help and that of our own state lawmakers--we can do a better job in deploying those resources.

Even with improved direction of the funds, we clearly need more resources at all levels. Moreover, state governments must be major players in the conversion of federal strategy into successful local tactics. As soon as the national drug strategy is firmly established next month, we urge Congress to provide the fullest possible state funding.

In principle, we believe that federal funding should be made as simple and flexible as possible. External funds should be provided in block form to each state through a single agency for further distribution--but only upon evidence that the state truly has a comprehensive drug control plan broadly representative of all levels of activities. Clearly, each state's drug problems in some significant way differ from one another. As noted early, New Mexico, for example, is a multi-cultured state and what works well in some sectors cannot and does not in others. It is our firm belief that each state can more effectively deploy its share of resources than having funds too specifically earmarked at the federal level.

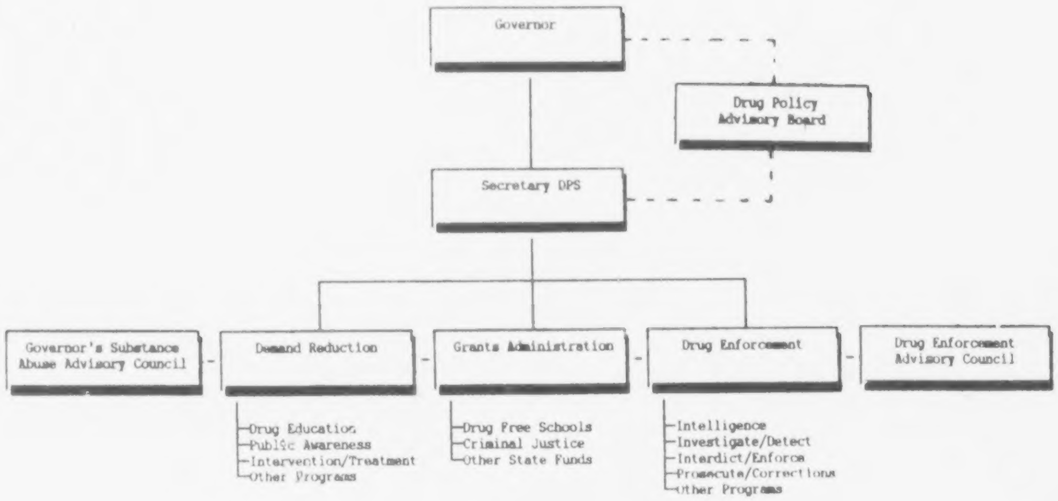
Along those lines, less cumbersome and restrictive processes with assured continuity will encourage grant applications and needed latitude. When funds are tightly fenced, applicants become "grant chasers" rather than directing their efforts to a state-wide strategy and their own top priority needs. When the rules are shifted every year or two, continuity of planning and stability of programs are undermined. And complicated application requirements discourage efforts to seek legitimately needed funding, especially from small communities and agencies.

I have had the opportunity to personally convey these and other thoughts to Dr. Bennett and his staff. I feel confident that, if Congress permits, under the new federal approach, past "communications problems" will be lessened and the principles outlined above given proper consideration.

In sum, New Mexico is attempting to make the most efficient use of its limited resources in combating substance abuse. We urge the fullest appropriation of funding of the Anti-Drug Abuse Act of 1988 and of the recommendations of Dr. Bennett in the forthcoming national drug strategy. We urge that a considerably higher portion be directed to the states and through the states to local agencies. We urge that the process be kept as simple and flexible as possible. And we invite the use of New Mexico as a testing ground for new federal initiatives in both demand reduction and enforcement.

On behalf of the Governor and citizens of the State of New Mexico, I thank you for your continuing interest in this most urgent set of problems. The representatives from the other departments will now briefly and more specifically respond to questions posed in your letter to us.

NEW MEXICO DRUG CONTROL PLAN
Office of Drug Control


Governor
Drug Policy Advisory Board
Secretary DPS
Governor's Substance Abuse Advisory Council
Demand Reduction
Drug Education
Public Awareness
Intervention/Treatment
Other Programs
Grants Administration
Drug Free Schools
Criminal Justice
Other State Funds
Drug Enforcement
Intelligence
Investigate/Detect
Interdict/Enforce
Prosecute/Corrections
Other Programs
Drug Enforcement Advisory Council

Department of Public Safety (DPS)
Office of Drug Control (ODC)

Attachment F1

NEW MEXICO DRUG POLICY ADVISORY BOARD

I. COMPOSITION

Chairman: Governor

Vice-Chairman: Secretary, Department of Public Safety

Other Cabinet Members:

- Secretary, Department of Corrections
- Secretary, Department of Health and Environment
- Secretary, Department of Human Services
- Secretary, Youth Authority (pending)

Membership from other advisory bodies:

- Chairman, or designee, of the Substance Abuse Advisory Council
- Chairman, or designee, of the Drug Enforcement Advisory Council

Other sectors to be represented:

- Legislative Representative (Chairman, Justice and Criminal Procedures Committee)
- Attorney General
- Superintendent of Education
- District Attorneys' Association Representative
- Media Representative
- Judicial Representative
- Commanding General, New Mexico National Guard
- Chief, New Mexico State Police

Ex-Officio Member: U.S. Attorney for New Mexico

II. ROLE: To provide advice and counsel on a regularized basis to the Governor, the New Mexico Drug Control Coordinator, and others to assist in the achievement of the declared mission and goals of the program.

Attachment F2

GOVERNOR'S SUBSTANCE ABUSE ADVISORY COUNCIL

I. COMPOSITION

A. Public Schools Representative
B. Representative from the Behaviorial Health Services Division
C. Medical Community Representative
D. Private Treatment Representative
E. Business Representative
F. Parents Against Drugs Representative
G. Families-in-Action Representative
H. Department of Education Representative
I. University President Representative
J. Native American Representative
K. Black Community Representative
L. Council of Churches Representative
M. Media Representative
N. Corrections Representative
O. Law Enforcement Drug Prevention Representative
P. City Government Representative
Q. Civic Organization Representative

Ex-Officio Members:

A. New Mexico State Coordinator, Southwest Regional Center for Drug-Free Schools and Communities
B. State Campaign Director -- Red Ribbon Campaign
C. Youth Representative from Santa Fe
D. Hispanic Chamber of Commerce Representative

II. ROLE: To provide general counsel regarding the development, evaluation, and coordination of effective interactive programs in a wide range of public and private sectors designed to prevent the use and abuse of alcohol and other drugs.

Attachment F3

NEW MEXICO DRUG ENFORCEMENT ADVISORY COUNCIL

I. COMPOSITION

Chairman:	President, or designee, Municipal Police Chiefs Association
	Executive Director, New Mexico Sheriff's and Police Association
	Chief, or designee, Albuquerque Police Department
	President, or designee, New Mexico Sheriff's Association
	Tribal Police Chiefs Representative
	District Attorney Representative
	Judicial Representative
	Juvenile Court Representative
	Attorney General Representative
	National Guard Representative
	Corrections Representative
	Narcotics Bureau Chief, New Mexico State Police
Ex-Officio Members:	Representative, Fraternal Order of Police
	Special Agent-in-Charge, U.S. Drug Enforcement Administration
	Special Agent-in-Charge, or designee, U.S. Customs Service

II. ROLE: To provide counsel regarding the development, operation, evaluation, and facilitation of effective interactive drug enforcement programs and judicial follow-through.

TESTIMONY OF MICHEL E. LINCOLN
AREA DIRECTOR, NAVAJO AREA INDIAN HEALTH SERVICE
Prepared for Congressional Hearings
September 1, 1989
Albuquerque, New Mexico

Good morning Mr. Chairman and members of the Committee. I am Michel Lincoln, Area Director of the Navajo Area of the Indian Health Service. I am here on behalf of Dr. Everett R. Rhoades, Director of the Indian Health Service, to introduce Dr. Chris Percy, who will address the more specific goals of this hearing, which I understand is to explore the success of programs authorized under the 1986 and 1988 Anti-Substance Abuse Acts.

Before I defer to Dr. Percy, I would like to make an introductory statement regarding the subject matter of this hearing.

Traditionally, the Indian Health Service has served the health and medical needs of Indian people. The diseases previously were due predominantly to infectious causes. However, since the decline of infectious disease, other diseases affecting American Indians and Alaskan Natives have caused a shift in the allocation of resources. Alcoholism/substance abuse is one of these newer disease plaguing Indian life and culture and threatening the very fabric of Indian families and our communities.

The historical development and growth of alcoholism programs serving Indians is reflective of the growing recognition of alcoholism as a major health problem among Indians. In 1970, the age-adjusted mortality rate for all races was 7.7 and for American Indians/Alaskan Natives, it was 56.6.

In 1986, the age-adjusted mortality rate for all races was 6.4 and 24.6 for American Indians/Alaska Natives. This was the zenith for alcoholism mortality rates. The alcoholism mortality rates began to decline to the 6.4 alcohol deaths per 100,000 for all races and 24.6 deaths per 100,000 for American Indians/Alaskan Natives.1/

The alcohol programs today are rooted in the Community Action Program (CAP) provided by the Office of Economic Opportunity (OEO). In 1970, P.L. 91-616 established National Institutes of Alcohol Abuse and Alcoholism (NIAAA). In 1972, OEO-supported Indian programs transferred to NIAAA. In 1976, the Indian Health Care Improvement Act was enacted; providing continued funding of Indian alcohol programs. In FY 1978, 35 Indian alcohol programs and approximately $3 million dollars were transferred from NIAAA and IHS. When programs were transferred to IHS base funding, 158 Indian programs were transferred in FY 1984. The Indian Health Service beginning in 1983-84 began focusing on the quality of programs and expansion of work scope of existing programs. The number of IHS and contract programs has increase from 35 in FY 1978 to the present 309 programs funded in FY 1989 at $31.2 million dollars IHS-wide.

Public Law 99-570, the Omnibus Drug Act of 1986, providing additional funding for inpatient capability, aftercare, community training and construction. This Act (P.L. 99-570) provided $16.2 million in FY 1988 with $1,886,800 or 11.6 percent allocated to the Navajo Area. This allocation includes $200,000 set aside for the Gallup Friendship Services project.

The above figures of $31.2 million for IHS contract programs and $18.7 million under the Omnibus Act represents $46.9 million totally in the IHS budget under Hospital and Clinic M&M and in direct line items.

Alcohol and substance abuse is a pervasive disease entity and impacts many areas of health and family life. It affects motor vehicle accidents, suicides, homicides, and domestic violence. Of particular interest to the Navajo Area IHS as a result of the established goals in January 1989 by the Navajo Tribe's Health and Human Service Committee and the Navajo Area Health Board, is treatment and services to victims of domestic violence, spouse abuse, child abuse, and elderly abuse. As these complex problem areas impact other tribal and federal agencies outside the traditional IHS treatment services and capabilities, resources are needed for interagency coordination and collaborative efforts as well as additional dollars for the treatment and prevention of alcoholism among Navajo and other Indian populations.

Thank you for the opportunity to present this information. Your attention and focused concern on this complex and increasing health problem is appreciated.

1/ Source: Indian Health Service, Program Statistics Branch, Trends in Indian Health; Rockville, Maryland, Indian Health Service, 1989.

STATEMENT OF CHRIS PERCY, M.D.
Health Promotion/Disease Prevention Coordinator
Navajo Area Indian Health Service
Shiprock Hospital, Shiprock, New Mexico
September 1, 1989

Mr. Chairman and members of the Committee:

I am Chris Percy, Family Physician and Health Promotion/Disease Prevention Coordinator at the Shiprock Indian Health Service Hospital, Shiprock, New Mexico.

I want to clarify that I am not here as a spokesperson for the Administration, the Office of National Drug Control Policy or the Department of Health and Human Services with respect to drug abuse and, therefore, I cannot address the question you posed in your letter of August 4, 1989. However, I am interested in sharing with you our experiences at Shiprock and the Navajo Area as it relates to the implementation of the Omnibus Drug Act.

The Shiprock Hospital serves approximately 40,000 Navajo people. As the Health Promotion/Disease Prevention Coordinator for our area, my work involves assisting, developing, and coordinating programs and projects aimed at preventable diseases and at promoting healthy lifestyles.

My involvement with the implementation of the Omnibus Drug Act, Public Law 99-570 (as amended) and substance abuse in general includes work with local public and BIA schools developing and implementing prevention programs; working as a supervisor for our service unit substance abuse program specialist; serving as the physician and supervisor for counselors at the Teen

Life Center in Shiprock; serving as an advisor to the Shiprock Navajo Behavioral Health Board (subcontractors for the operation of the Shiprock Regional Adolescent Treatment Facility); the development of a local alcohol and substance abuse database - to quantify and track the burden of substance abuse on our community; advising the Shiprock Youth Center; principal investigator for the Navajo Youth Aftercare Project (funded through HHS/HDS CDF Program); and work with local tribal and community agencies and programs including the Division of Youth Services, Division of Public Safety, Tribal Courts and Prosecutors Office, Tribal Office of Substance Abuse and Mental Health, Shiprock Domestic Violence Task Force, SADD Chapter, and others.

As a family physician, I feel the impact of alcohol and drug abuse each time I see individual lives and families shattered - emergency room victims of alcohol-related accidents or violent injuries inflicted by someone under the influence; abused and neglected children whose parents are addicted; end-stage alcoholic patients dying of liver disease but unable to stop themselves from drinking; and parents and children unable to talk to each other because alcohol or drugs have the loudest voice in their family.

My position as health promotion coordinator has given me a chance to gain another perspective -- and some hope. I have had the chance to work with, and learn from some of the most dedicated individuals and agencies I have ever met.

Recently, a spotlight of national attention around the substance abuse issue affecting Navajo people has been directed at our community -- Gallup, New Mexico. Graphic images of chronic alcohol abusers passed-out in street gutters may illustrates one part of the problem, but it is only a small part of the impact of substance abuse -- and it serves to reinforce several stereotypes that binder effectively progress against this problem -- Alcohol abuse is portrayed as an "Indian people," and one whose inevitable result is the chronic alcoholic.

This problem is not unique to any ethic group. You are likely to see high school students in both affluent suburban high schools and inner city schools wearing beepers so they can cut out of class to make their next drug connection. Studies of drug use among students indicate similar rates of "ever using" among all ethnic groups, including Native Americans. The difference is that the burden of substance abuse falls more heavily on Native Americans -- with higher rates of alcohol-related deaths, accidents, homicides, and suicides -- despite similar "use rates" among young people.

In August of 1988, a review of the Navajo Tribe's Alcoholism Program was conducted by the IHS Headquarters staff. It was found that the local offices were performing within the IHS standards with few exceptions, given the funds allocated for this purpose. The staff is very dedicated, often working with low salaries and sometimes foregoing better paying job opportunities. There are several programs in the Area that are noteworthy as exemplary programs.

The KDM and Associates Training, a Navajo-owned and operated consulting firm, has provided substance abuse training for both staff and community members. They have been received very well by both the professional and grassroots people. Many of their workshops are provided at the Chapter Houses in both Navajo and English.

The Tribe also operates the Shiprock Teen Life Center, a facility utilized by multiple agencies providing services to youths. These agencies include the Tribe, IHS and other comunity organizations. Coordinated efforts and programs among these agencies include aftercare sessions and community education, both provided on a regular basis.

A program which has received national recognition is the Institutional Prevention, Education and Treatment Programs, which provides services to Navajo inmates incarcerated in State penal institutions. The Tribe provides assistance to these individuals, identified as a high-risk group for substance abuse, by augmenting existing prison substance abuse programs. Such services are aimed at healing through enhancing cultural identity, traditional healing activities, and restoring family ties.

One of the twelve authorized regional treatment centers for youth for substance abuse under the Omnibus Drug Act is scheduled to open in September in Shiprock, New Mexico. The Shiprock community has taken responsibility for providing direction for the planning of the Shiprock Regional Juvenile Residential Treatment Center and its Board of Directors is composed solely of community members. Additionally, its advisory board includes treatment staff from several community programs.

The Tribe, as well as IHS, take pride in Tuba City Feta/Alcohol Syndrome (FAS) Prevention project. This project was honored by being selected this month as one of the top twenty exemplary prevention programs in the Country by the national Association of Drug and Alcohol Treatment Directors

(NASADAD). This project utilizes both IHS and Navajo tribal staff and primarily focuses on intervention with high risk mothers and their spouses. FAS, an emotionally commanding topic, is used as a springboard for numerous presentations at the chapter houses which cover a broad range of topics related to alcohol abuse. IHS staff, tribal personnel and reservation residents are eager for training about alcoholism and substance abuse. Training sessions are usually well attended with many people being turned away because of space limitations. Some of the noteworthy training activities in 1988 were in the Beginning Addiction Education Studies (BABES), Hazelden Foundation of Minnesota residential training, IHS in-service training, family intervention workshops, and multi-disciplinary teamwork workshop.

Finally, there is the Gallup Demonstration Project, an adult rehabilitation program with three specific goals:

-- Develop a comprehensive service model sensitive to the needs of Navajo adults.

-- Expand a database for planning, evaluation and reapplication.

-- Coordinate planning, service delivery and referral relationships to maximize benefits to clients.

The Friendship Services, Inc., formerly known as the Gallup Friendship House, presently operates the only residential treatment center for alcoholism in Gallup. Originally, this program began receiving Federal funds for providing treatment to members of the Navajo Tribe in 1977. In 1977 funds from the National Institute of Alcoholism and Alcohol Abuse (NIAAA) were transferred to IHS to fund 35 Indian alcohol prevention programs. Among these projects, $200,000 was identified and designated for the Gallup Friendship House, through a contract with the Navajo Tribe for the continued utilization of adult rehabilitation.

The 1986 Omnibus Drug Act authorized $300,000 for adult rehabilitation in Gallup, New Mexico. Two-hundred thousand ($200,000) was actually allocated in FY 1987. This amount was transferred to the Navajo Tribe by a grant from IHS in September 1987. The Tribe, in turn, awarded a $200,000 contract to Friendship Services, Inc. (FSI) in March 1988. Fiscal Year 1988 funds ($200,000) were again targeted to FSI in September 1988, but negotiations for an award were not completed until February 1989.

Some of the Demonstration Project's accomplishments include 114 adults who have completed residential treatment, plus three more who are currently in this residential treatment program, during the period of March 1988 to December 1988. During this same period, 26 adults were admitted to outpatient treatment and 14 are still active in outpatient treatment (although 12 have been discharged for no compliance with program requirements). A follow-up was conducted in 1988 involving 59 clients who had completed this residential treatment and of that number only 10 have definitely relapsed, 13 are still sober. Of these, three are employed, one is in vocational training, one is in a halfway house, four are attending aftercare and AA, and four are alcohol-free without such ongoing care. Eleven individuals could not be located, and ten have relapsed. Information was not available on twenty-five clients.

In closing, I want to thank you for the opportunity to present some of the highlights of available services in the field of "alcoholism and substance abuse" on or near the Navajo reservation. Tremendous strides have been made in the past two years, primarily due to increased funding resulting from the Omnibus Drug Act. I look forward to continued progress in the year ahead with the Navajo Area Indian Health Service, the BIA and Navajo Tribe working together to assist individuals and families in their battles with the abuse of alcohol and other substances.

Mr. Chairman, this concludes my statement and I will be happy to answer any questions you or other members of the Committee may have.

Testimony Presented To
Senator Jeff Bingaman and The Senate Governmental Affairs Committee
Albuquerque, New Mexico
September 01, 1989

BY

Mr. Joseph V. Quintana
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Substance Abuse Counselor
P.O. Box 5335
Santa Fe, New Mexico 87502

For The
Santa Fe Indian School

SANTA FE INDIAN SCHOOL - HIGH SCHOOL

(505)988-6529

SUBSTANCE ABUSE PROGRAM

I. OVERVIEW: The Santa Fe Indian School High School Substance Abuse Program is an extensive program operating primarily out of the Substance Abuse Center (SAC), a large building in former years used as the Power Plant and garage for Plant Management. The program offers a wide variety of services to parents, students, staff and others, which are:

1. Counseling - Individual, group, family and peer counseling
2. Prevention - Substance Abuse Center activities, Youth Group activities, recreation/alternative activities, community service activities, alcohol/drug material available in Student Living and Academic areas, presentations to parents, students and staff, purchased audio/video materials for library
3. Intervention - Crises; through referrals by families, staff, friends or referrals by outside agencies to the SFIS Substance Abuse Program
4. Referrals - Referrals made by the SFIS Substance Abuse Program to in-treatment/outpatient facilities, Intensive Residential Guidance Program, IHS Programs (Social Services, Mental Health, Hospital), Community based Substance Abuse Programs and/or other service providers in the community
5. In-Service - Training sessions provided to staff and others, to help them in identifying and dealing with problem areas relating to chemical dependency issues among our students
6. Coordination - Coordinating concerns with the Student Rights & Responsiblities Office, Academic staff, Mid-High staff, Evening Program, Student Living staff and others
7. Material Development & Research - Collecting and researching updated substance abuse data, making some of these information available to other outside agencies, as well as our own staff

II. STAFF: Joseph V. Quintana, Substance Abuse Counselor, involved with the services mentioned above.

The Residential Guidance Specialist; Student Living Director, Coordinators, Advisors; Academic and Attendance Counselor; as well as IHS and Community Substance Abuse service providers all provide a network intended to impact substance use/abuse by the high school students at the Santa Fe Indian School.

- YOU ARE MORE THAN WELCOME TO COME TO THE SAC FOR A VISIT -

Statistics of High School, 10th through 12th Grades, substance abuse violations (alcohol/drug/inhalant use and/or possession, inappropriate use of prescription over-the-counter drugs, trafficking of alcohol, drugs or other substances and possession of drug paraphernalia). Statistics gathered are from school years 1982-'83 to the present time.

Fig. 1 SFIS SUBSTANCE ABUSE PROGRAM - HIGH SCHOOL

SUBSTANCE ABUSE VIOLATIONS 10th-12th GRADE

	10th Grade	11th Grade	12th Grade	End of the year Total
1982 -'83	78	89	96	263
1983 -'84	53	46	44	143
1984 -'85	46	49	32	127
1985 -'86	68	52	43	163
1986 -'87	41	41	25	107
1987 -'88	52	20	16	88
1988 -'89	28	24	20	72

Fig. 2 SFIS SUBSTANCE ABUSE VIOLATIONS
FOR YEARS 1982-1983 THROUGH 1988-1989
10th-12th GRADE

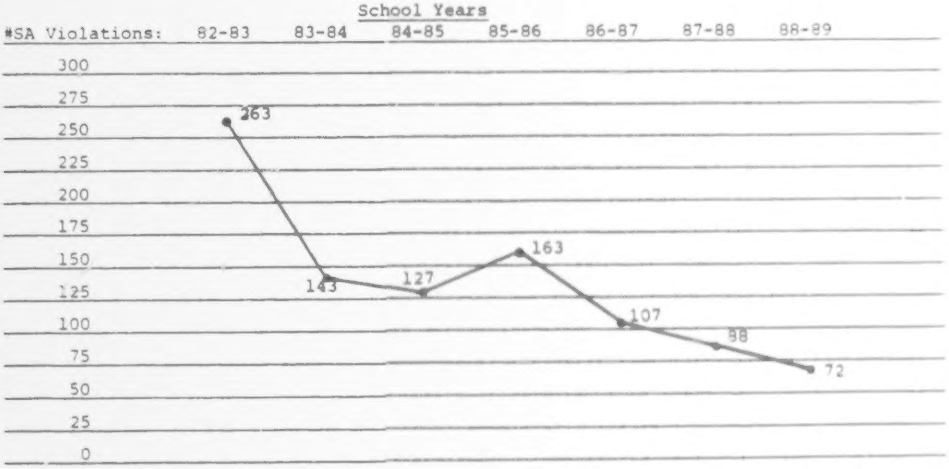
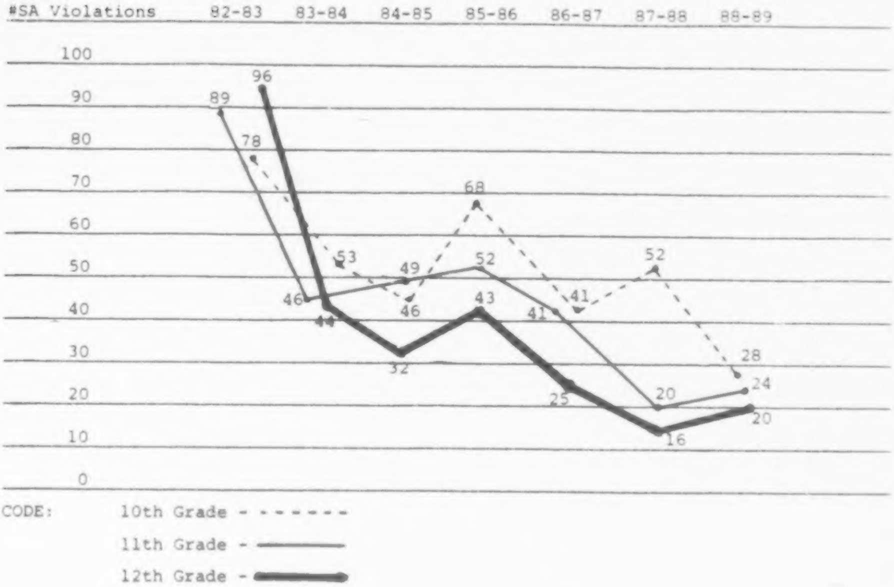


Fig. 3 SUBSTANCE ABUSE VIOLATIONS 10th-12th GRADE



I. WHY HAS THERE BEEN AN IMPROVEMENT?

1. More staff awareness through continued in-service and implementing support counseling/alcohol and drug education with more understanding and knowledge.
2. SR&R orientation and education of school expectations regarding substance abuse violations.
3. Consistency of enforcement of school policies by all staff and departments.
4. Student trust and confidence in counselors and other school staff.
5. Students with mandatory counseling sessions expressing to other students, their thoughts on counseling. Consequently, more students have voluntarily come to see the Substance Abuse Counselor, to discuss personal problems (drug and non-drug concerns and issues), thus creating their own prevention.
6. Substance Abuse Center providing alternative activities 7 days/nights per week through coordinated efforts of the Substance Abuse Program and the Recreation Program.
7. More parent cooperation regarding substance abuse violations by their children. More effort in attending family counseling sessions.
8. Teen Clinic organizing support groups on campus (Young Mens Group, Young Womens Group, Alateen and SADD).
9. Improved communication between Substance Abuse Program and other departments on campus for better quality care in servicing our students.
10. Capability of medical aspects (in-treatment), to students, through assessment, evaluation and referral, due to the SFIS Substance Abuse Counselor designated Aftercare Counselor by Indian Health Service. This eliminates alot of red tape in referrals to the Adolescent Treatment Center located near the Acoma/Laguna Hospital.
11. As a deterrent, educating students that they could be sent to an in-treatment facility because of their substance abuse violations, should they pile up.

II. FEDERAL, STATE AND LOCAL SOLUTIONS TO DRUG ABUSE AND DRUG RELATED CRIMES

1. Definitely, more construction of adolescent treatment centers. Example is the Sunrise Regional Adolescent Treatment Center, which opened in June of '88, and immediately filled to capacity and had a long waiting list.
2. More parent involvement with alcohol/drug sessions (counseling, education) giving responsibility to the parents.
3. School/community health programs working more closely together, sharing information and initiating education in all areas of family life and health.
4. Look at placement of youth, regarding drug related crimes, in in-treatment facilities, instead of incarceration.

5. If incarceration is mandatory, look at implementing alcohol/drug education in detention facilities. Also, life coping skills.
6. More media advertisements against alcohol/drug use and abuse.
7. More positive role models of all ages, especially the adults.

III. PREVENTION FOR CHILDREN AND YOUTH

1. Continue ongoing alcohol/drug presentations to youth by school staff and other outside resources.
2. Start alcohol/drug education and life coping skills in Headstart and other pre-elementary facilities/programs.
3. Alternative activities provided on school grounds, for students, during their free time.

IV. HOW WOULD YOU STRENGTHEN OUR PRESENT PROGRAM?

1. Additional staff, specifically in the substance abuse field needed.
2. Coordinate with community based substance programs, to afford more alcohol/drug education presentations to parents of students here at the Santa Fe Indian School.
3. More room for recreational equipment (new pool tables, ping-pong tables, video games, board games, swimming pool).
4. More involvement of our students in alcohol/drug related training and conferences, when time allows and is convenient.
5. Work on alcohol/drug concerns and issues with the Health component added in the vocational education department and integrate into all Academic areas.
6. Make alcohol/drug classes mandatory and add to the regular Academic curriculum.

STATEMENT BY

CAROLINE GASTON
STUDENT SUCCESS ADVOCATE
ALBUQUERQUE PUBLIC SCHOOLS

FIELD HEARINGS ON THE 1986 AND 1988 DRUG BILLS AND THE ROLE OF THE FEDERAL GOVERNMENT IN EXPANDING AND IMPROVING EDUCATION AND PREVENTION PROGRAMS FOR CHILDREN AND YOUTH

Albuquerque, New Mexico
September 1, 1989

I am pleased to have the opportunity to testify before this field hearing today, Senator Bingaman. I am Caroline Gaston, the Student Success Advocate for the Albuquerque Public Schools. I was, until 3 weeks ago, the Principal of New Futures School, an alternative school for pregnant and parenting teens.

Let me preface my remarks with a brief description of my new role as the APS Student Success Advocate. The Albuquerque Public Schools At-Risk Planning Committee and the Business-Education Compact both recommended that a position be created with APS to coordinate the many programs within APS and the community which focus on at-risk students. The role is more than coordination - it is planning, motivating, accessing resources, keeping attention focused on at-risk student needs, and, in a sense, being the conscience of APS regarding at-risk students. I am, therefore, vitally concerned with the problem of substance abuse among our young. Substance abuse is both a cause and a symptom for young people becoming at-risk.

In my testimony today I would like to suggest a somewhat different approach to prevention. I recommend that additional attention and resources be focused on activities which represent a positive approach to the whole child rather than "preventing teen pregnancy" or "preventing substance abuse" or "preventing youth suicide" or "preventing school dropouts". We should recognize that these negative actions by young people are usually symptoms, not "diseases" themselves. Symptoms of What?... of children who feel that they have no value; of children who feel that no one likes them; and they, therefore, really don't like themselves; of children who see themselves as failures, and this becomes a self-fulfilling prophecy; of children who perceive that they receive no respect from significant adults, so they respect themselves very little. If we attempt to treat one of the symptoms as an isolated phenomena, the "disease" will probably break out in another way and our efforts will be less than cost-effective.

This philosophy leads me to some recommendations for legislation.

- Support legislation for early childhood program models which have proved effective, such as Head Start. Long-term followup of Head Start participants has revealed that these participants have fewer teen pregnancies, lower rates of incarceration, lower rates of dropping out of school, lower rates of substance abuse and higher school attainment. Yet present Head Start funding allows programs to enroll only a portion of eligible children. Another model program is the Perry Preschool program in Ypsilanti, MI. Long-term followup has reported improved outcomes for participants similar to those of Head Start participants. Albuquerque has recently received a planning grant from the Health and Human Services Department to develop a Comprehensive Child Development Program. If it is successful in the final grant competition a comprehensive child development model which includes health services, parenting education, and substance abuse services would serve 60 families with very young children in each of the City's Multi-service Centers.

. Support comprehensive services for adolescent parents. Senate Bill 120, the Adolescent Pregnancy Prevention, Care and Research Grants Act of 1989, of which Senator Bingaman is a co-sponsor has been reported out of committee. This legislation will support a "whole child" approach which will touch two generations of children with services to improve prenatal and child health, parenting skills, and other services to address the myriad of problems which adolescent mothers face which could lead to substance abuse by mother and/or child.

. Support legislation to improve education for at-risk youth. The child who finds no success, no respect, no pleasure in school will find success and pleasure elsewhere. The 1988 Amendments to the Elementary and Secondary Education Act included a section to support dropout prevention programs, but so far no monies under this section of the legislation have come to New Mexico. There are educational strategies which hold promise for improving the success of at-risk children in school.

These include, but are not limited to:

- using teaching strategies which incorporate activities in which children who have a variety of learning styles can all learn.
- involving students in classroom activities in which they they become the "workers" instead of listeners or question answerers, and teachers become resources to the students.

- using experiential, hands-on learning.
- developing remediation activities which teach subjects in different ways rather than repeating the same lessons students failed to learn from earlier.

Schools can develop new ways to establish stronger links between home and school, as the APS elementary schools in the South Valley are doing with their new Juntos Para Los Ninos program.

Teachers can become more sensitized to the importance of simple things such as smiling, calling each student by name, and showing students in a variety of small but meaningful ways that teachers care about them and respect them as human beings.

Restructuring of school schedules so that there is less time between semesters may help many at-risk students to forget less between school terms and to have shorter periods of idle time.

These are only a few examples of educational changes which can help at-risk students and lessen the liklihood that they will exhibit negative behaviors such as substance abuse, teen pregnancy, unlawful acts, or dropping out of school. Educational reform legislation should, in my opinion, focus more on these kinds of activities instead of simply raising standards. Raising expectations is good when it means that teachers expect that every child can learn; but it is counter-productive when it means that the child who could not jump a four-foot high bar is now to be expected to jump a six-foot high bar with no additional help.

- Support good child care legislation such as the ABC bill. Good child care programs include parent involvement, parent education, and multiple services, including substance abuse services, to support families.

- Support substance abuse prevention legislation which focuses on the whole child, on improving children's self-image by giving them genuine successes in school, on parenting education, and on teacher training and re-training.

- Support legislation which establishes programs through which young people can contribute to the community, such as the Youth Conservation Corps. Young people who provide meaningful community service find success and recognition in positive ways rather than through the activities I described earlier as "symptoms".

We must measure the outcomes of the activities supported by taxpayer dollars. At the same time, taxpayers and their elected officials need to acknowledge that the positive effects of such programs cannot be measured in a month, and sometimes not in a year. Early research on Head Start participants showed few positive differences between participants and control group members. It was not until several years later that the positive outcomes became clearly apparent.

I am currently serving on the Governor's Task Force on Adolescent Pregnancy and on a Committee established by the New Mexico legislature to develop a plan for a continuum of care for children ages 0-12.

I was struck, as I prepared this testimony, by the similarities between the ideas flowing from the deliberations of these groups, the ideas I have garnered from reading recent articles on improving education for at-risk youth, and my own thoughts on the issue which is the focus of today's Hearing. These ideas revolve around the beliefs that prevention for many of the problems children face must begin very young - the prenatal period is really the best time to begin; that family, community and school must work together to solve problems and to support each other; and that each child needs to feel valued, respected and successful.

The costs of prevention may be high. The cost of not preventing - of losing as many as half of our children to substance abuse and incomplete education - is many times higher.

Thank you for the opportunity to testify before this hearing.

TESTIMONY FOR SENATOR JEFF BINGAMAN
AND THE SENATE OVERNMENTAL AFFAIRS COMMITTEE
Albuquerque, New Mexico
Submitted September, 1989

I am Nina Wallerstein, Dr.P.H., a faculty member of the University of New Mexico School of Medicine, and program director of the Alcohol Substance Abuse Prevention (ASAP) Program and co-chair of the New Mexico Alcohol Issues Consortium. Although I did not speak at the public hearing, I am submitting written testimony for the congressional record. (This testimony does not represent the views of the School of Medicine).

I have been involved with the ASAP program since 1984 and with the Alcohol Issues Consortium since its inception last year.

ASAP is a prevention program aimed to empower high-risk youth to play an active role in substance abuse prevention. Operating since 1982, the ASAP program is a collaborative effort between the University, local schools, communities, the University hospital and county detention center. Middle and high school students from over twenty multi-ethnic and high-risk communities throughout the state are provided the opportunity to interview individuals who have been affected by alcohol and drug abuse in an emergency/trauma center and in the county detention facility. These experiences with patients and jail residents expose student participants to the real-life social, medical, emotional and legal consequences of substance abuse within the context of a safe learning environment. The student participants, with the help of trained facilitators (university students and teachers), are exposed to a curriculum that includes communication skills, critical thinking and leadership behavior as prevention strategies. Unlike a scared straight program, ASAP uses discussion to build empathy and caring for patients, and prompts adolescents to think about their own lives and to take individual and social responsibility for the problems they face. The students are trained as peer teachers and leaders to take the messages back to their own communities.

Because of its unique program model, ASAP has been the recipient of three Department of Education Drug-Free School Grants since 1987. ASAP received one grant to develop training manuals and materials for state-wide and national dissemination of the program, one grant to demonstrate its replicability by expanding to Northern New Mexico sites, and one grant to train teachers throughout the state. ASAP faculty and staff have received invitations to speak at national and international conferences to present the program.

The lessons of prevention learned in the seven years of the ASAP program are meaningful for this testimony.

--To be effective, prevention programs must address youth in their total life context of family, peers, schools, communities, and society. Curriculum therefore must extend beyond the school classrooms to all arenas of students' lives.

--Adolescent prevention programs should be built on youth as positive decision-makers in their own lives. This involves emphasis on critical thinking, choice, and responsibility for themselves and others.

--Prevention programs should be based not just on individual actions, but on responsibility to address the community and societal forces that encourage drug and alcohol behaviors. In ASAP, this means training peer educators and involving the youth in their communities to become involved in change strategies. ASAP youth have analyzed the role of media and of drive-up liquor windows in promoting alcohol abuse, and have testified at public hearings and conferences about these issues.

The lessons learned from the ASAP program are mirrored in the work undertaken by the Alcohol Issues Consortium. The mission of the consortium is to reduce alcohol-related problems in New Mexico by creating a healthy environment for individuals, families and communities. Similarly to ASAP, the consortium recognizes the important role the environment plays in encouraging or discouraging alcohol-related problems. Nationally, alcoholics only constitute 10% of the population. With 35% of adults being abstainers, the problems from alcohol abuse therefore come from the majority of people known as light to moderate drinkers. Drinking and driving is a major killer. New Mexico ranks number one in the nation of people killed on the highways per 100,000 population and per hundred million miles driven. According to the NM Traffic Safety Bureau, 65% of these fatalities showed alcohol as a contributing factor.

Youth in New Mexico are especially at risk for motor vehicle fatality. In 1986, compared to U.S. males age 15-24, Native Americans had four times the death rate, Hispanics had twice the death rate, and Anglos had 1 1/2 times the rate, all for the same age group.

Solutions to these problems means major efforts need to be directed at prevention and intervention among youth, before they would qualify for any treatment needs. Yet prevention among youth goes beyond school-based programs as discussed above. Environmental strategies advocated by the Alcohol Issues Consortium address the problems from the source.

Ease of alcohol availability has been associated with alcohol problems. Drive-up liquor windows and alcohol sales at gasoline outlets are of particular concern for their contribution to DWI and sales to minors. The Albuquerque Police Department has found that 50% of the time, underage purchasers are successful at drive-up windows. One oil company reports that clerks in convenience stores fail to detect underage purchasers 40% of the time. Both drive-up windows and sales at gasoline stations present the societal message combining driving with drinking. A Santa Fe Municipal Court Study found that of the defendants who purchased their liquor at a store prior to their arrest, 37% bought it at a drive-up window.

The Surgeon General's Report on Drunk Driving recommends reducing availability through many small steps to reduce the overall DWI rates. The Alcohol Issues Consortium therefore supports the limitation of liquor availability by closing drive-up windows and preventing liquor sales at convenience gas outlets to reduce the problems associated with drinking and driving, especially among the youth.

Other environmental strategies supported by the Consortium include elimination of alcohol advertising on billboards which relay an acceptable message. If an absolute ban is impossible, regulations should be required to limit advertising near schools and playgrounds.

Finally, an increase in excise taxes has been shown to have the largest effect on alcohol-impaired driving. Presently, New Mexico`s excise tax on beer is 40% less than taxes on liquor and wine, though we rank 6th in beer consumption in the nation, compared to 24th in wine and 38th in hard liquor. If beer taxes were equalized, revenues raised could support more treatment and prevention programs sorely needed in the state.

All of these environmental strategies to prevent alcohol-related problems need to be accompanied by education programs directed at youth and by appropriate treatment programs. Thank you for the opportunity provided to present this testimony on our experience and the need for a comprehensive approach that includes environmental and individual change strategies.